



# Community Inclusive Recreation Registration Form

Please use a separate form for each participant and complete both sides. Please print clearly, sign, and return to: Community Inclusive Recreation, 331 Jackson Street West, Battle Creek, MI 49037

Phone: 269-968-8249 - Fax: 269-969-6218 www.cirFUN.org

## PARTICIPANT INFORMATION

First Name	Last Name	Birth Date	Male/Female
Address	City	State	Zip
Home Phone	Cell Phone	Email	

**CONFIDENTIAL DEMOGRAPHIC INFORMATION**

**Household Income**

Less than \$11,999     \$12,000—\$14,999  
 \$15,000—\$24,999     \$25,000—\$49,999     \$50,000 & Above

**Race/Ethnicity**

African American     Asian     Caucasian  
 Latino/Hispanic     Native American     Other

**EMERGENCY CONTACT INFORMATION**

Emergency Contact First Name	Last Name
Relationship To Participant	
Home Phone	Cell Phone

**How Did You Hear About CIR?**  Friend     Internet  
 Newspaper     Other: \_\_\_\_\_

**CONFIDENTIAL HEALTH INFORMATION**

Open case at Summit Pointe?     Yes     No  
If yes, case manager name: \_\_\_\_\_

**Participant Requires Special Health Care and/or Accommodations**

Asthma     Diabetic     Diet     Interpreter  
 Mobility Aide     Personal Care Aide

**Allergies & Medications—Use additional sheet when necessary**

No known allergies     Food     Medicine  
 Other: \_\_\_\_\_

**Will Medications Need To Be Administered While Attending Programs? (If yes, please see program department to complete form)**

Yes     No

**Restrictions/Adaptations—Use additional sheet when necessary**

Participant can participate:     Without restrictions  
 With the following restrictions/adaptations: \_\_\_\_\_

**GUARDIAN INFORMATION**                       I am my own guardian                       I am not my own guardian (complete information below)

Guardian First Name	Guardian Last Name
Address	City                      State                      Zip
Home Phone	Cell Phone                      Email

**PAYEE INFORMATION**                       I am responsible for my own bills                       My guardian is responsible for my bills (same as above)  
 My payee is responsible for my bills (complete information below)

Payee First Name	Payee Last Name
Address	City                      State                      Zip
Home Phone	Cell Phone

Please check all programs you are interested in, along with transportation needs. (Please remember that space is limited for transportation). Depending on the number of spots available in a program, you may be placed on a wait list. Our registration is done on a first come, first serve basis for up to three programs. Please mark the top three programs of your choice.

YOU WILL RECEIVE NOTIFICATION BY MAIL CONFIRMING WHICH PROGRAMS YOU ARE REGISTERED FOR. \*Updated October 2016

## The Arts

- Ceramics
- 2D Design
- Performing Arts
- Soul Rhythm Drumming
- Fall Into the Arts

## Educational

- Clean Eating Cooking Class  
(Please select 1 session only)
  - Session 1 (Oct 4— Oct 25)
  - Session 2 (Nov 29—Dec 20)
- Gull Meadows

## Recreational

- Dance  
(Please specify date)
  - Oct 13     Nov 10
  - Dec 8       ALL Dates
- Bowling
- Cardiovascular Fitness Drumming
- Walk & Roll Fitness Club

TRANSPORTATION REQUEST

ALL Programs

SOME Programs

If you selected "SOME" Programs, please specify which program(s) that you are requesting transportation for by putting the letter "T" next to the program name.

### Transportation Policy

Transportation is a privilege and generally has a waiting list. If you need to cancel your ride to an activity, we require a minimum three-hour notice. Accumulating three no call/no shows for pick up could result in suspension or loss of transportation for the season. Please call the appropriate program coordinator at 269-968-8249 and leave a message to cancel your scheduled ride.

### WAIVER

I, the undersigned, understand that my participation in any activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. CIR shall not be liable for any claims, injuries, or damages, of whatever nature, incurred by the participant, which are directly or indirectly attributable to the negligence, whether passive or active, of CIR, its agents or employees, arising out of, or in connection with, the activity or program. On behalf of myself and the participant, I expressly release CIR, its agents or employees from any such claims, injuries, or damages. Also signing, I give permission to CIR to use my photo, testimonial, and video footage for publicity purposes and take full responsibility of payment obligations. I understand that if CIR purchased tickets in advance for me, or a league I will still be responsible for payment if I am absent.

Signature of Guardian/Participant

Date

Internal Use Only: Please initial in your department once you've reviewed this registration form. \_\_\_\_\_FD \_\_\_\_\_PD