



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.com

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

CONFIDENTIAL HEALTH INFORMATION

Open case at LifeWays? 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?

Yes No (If yes, please see program department to complete form)

Restrictions/Adaptations - Use additional sheet when necessary.

Participant can participate: Without restrictions

With the following restrictions/adaptations: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact First Name Last Name

Relationship to Participant

Home Phone Cell Phone

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 information as listed 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.
remember that space is limited for transportation.)**

ART Classes/Programs

- Celebrate the Seasons mixed media art class

Health & Wellness

Fitness

- Beginners 101 Fitness, health and wellness

Transportation Request

- ALL Programs
- ONE Program _____
*Please specify which program(s) by
Placing the letter "T" next to the
program*

How did you hear about CIR?

Friend Internet Newspaper Other: _____

Would you like to receive the program guide electronically? Yes No
If yes, please provide your email: _____

Transportation Policy

Transportation is a privilege and generally has a waiting list. If you need to cancel your ride to an activity, CIR requires a minimum of 3-hour notice. No call/no shows for pickup could result in suspension or loss of transportation for the season. Please call 269-968-8249 ext.15 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