



# 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**

- Creativity Unlocked!  
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