



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

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

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: _____

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: _____

How would you like to receive Bills/Invoices? Mail

Email _____

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.

Monday:

- Beginning Sign Language**
January 7 - March 25
(10 am-12 pm)
- Advanced Beginning Sign Language**
April 8 - June 24
(10 am - 12 pm)
- Cardio-Drumming**
January 7 - June 24
(1 pm - 2 pm)
- Cabin Fever Game Night**
January 7 - March 25
(4 pm - 6 pm)
- Music Lovers - Session 1**
January 7 - March 25
(4 pm - 6 pm)
- Music Lovers - Session 2**
April 1 - June 24
(4 pm - 6 pm)

Tuesday:

- Healthy Cooking and Baking**
- Just Breakfast**
January 8 - February 12
(10 am - 12 pm)
- International Cooking**
February 19 - March 26
(10 am - 12 pm)
- Cookies, Cookies, Cookies**
April 2 - May 7
(10 am - 12 pm)
- Dinner on a Dime**
May 14 - June 18
(10 am - 12 pm)
- M-66 Bowling**
January 8 - June 25
(4:45 pm - 7 pm)

Wednesday:

- Clay Creations**
January 2 - March 27
(10 am - 12 pm)
- Exploring ART**
- Session 1:**
January 2 - March 27
(1 pm - 3 pm)
- Session 2:**
April 3 - June 26
(1 pm - 3 pm)
- Disc Golf**
May 1 - June 26
(4 pm - 6 pm)

Thursday:

- Walk and Roll Fitness**
January 3 - June 27
(10 am - 12 pm)
- Water Aerobics**
January 3 - May 30
(4 pm - 5 pm)
- Kickball League**
June 6 - June 27
(This will continue in our Summer Session)
(4 pm - 6 pm)

Friday:

- Helping Hands Volunteers**
January 4 - March 29
(10 am - 12 pm)
- Conservation Club**
April 5 - June 28
(10am - 12 pm)

Dances:

- Fridays, once each month
(5 pm - 7 pm)
- January 11** (Let it snow!)
 - February 8** (Valentine's Day Dance Live Band)
 - March 15** (March Madness)
 - April 19** (CIR Prom)
 - May 10** (Let's Go to the Hop!)
 - June 14** (Hawaiian Luau)
 - ATTEND ALL DANCES**

Movies, Movies, Movies!

- Fridays, once each month
(5 pm - 7:30 pm)
- January 25**
 - February 22**
 - March 29**
 - April 26**
 - May 24**
 - June 28**
 - ATTEND ALL MOVIES**

Day Trips:

- Kalamazoo Institute of Art**
(Sunday, January 13)
- Sledding and Cocoa**
(Saturday, January 19)
- Comedy Night at Turkeyville**
(Wed., February 6)
- Hockey, Hockey, Hockey!**
K-Wings vs. Ft Wayne
(Thur., February 14)

Day Trips:

- Battle Creek Symphony Orchestra**
(Saturday, March 2)
- Maple Syrup Open House at Kellogg Forrest**
(Saturday, March 9th)
- Michigan State University Spring Football Game**
(April, TBD)
- Planetarium Show at Kingman Museum**
(May, TBD)
- Detroit Lions vs. Sheriff Deputies Basketball Game**
(May, TBD)
- The Willie Wonka Tour! South Bend Chocolate Factory**
(Friday, May 17th)
- Golf Outing at Binder Park**
(Wed., May 29)
- Native American Pow Wow**
(Saturday, June 22nd)
- Bomber's Baseball**
(June, TBD)
- Golf Outing at Cedar Creek**
(June, TBD)

TRANSPORTATION REQUEST

ALL Programs

SOME Programs

NO Transportation Needed

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

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