



# Summer 2018 ADAPTIVE RECREATION



## ADAPTIVE RECREATION

All Adaptive Classes skip 7/2-7/7.

### CHAIR EXERCISE

Increase your range of motion through stretch and strength exercises. Participate either sitting or standing, exercises are adapted as needed.

18+	Lapham	Sa	6/23-8/18	10am-11am	\$25	17570
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### CITY CLUBS

Enjoy a variety of activities, changing every week, such as bowling, movies, field trips, gym games, fitness activities and more. Activity expenses are not included in fee. Transportation provided for field trips.

18+	Lake View	Tu	6/19-8/14	1pm-4pm	\$35	17573
18+	MSCR East	Th	6/21-8/16	1pm-4pm	\$35	17571
18+	Memorial	Sa	6/23-8/18	1pm-4pm	\$35	17572

### DANCE AND MOVE

Low impact class using music and basic steps for great cardiovascular and muscle toning workout. All fitness levels welcome.

18+	Muir	MW	6/18-8/15	5pm-6pm	\$45	17575
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### FIT CLUB SUMMER SERIES

In cooperation with Wisconsin Special Olympics (hiking and walking only). For people with disabilities and their family or friends. All participants pay the fee. For individuals needing assistance, family or staff providing the assistance is free. Water and healthy snacks provided. Transportation provided for Park Hiking. Detail provided upon registration.

### WALKING

18+	Kennedy	M	6/18-8/13	6pm-7:30pm	\$15	17577
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### KICKBALL

18+	Jefferson	W	6/20-8/15	6pm-7:30pm	\$15	17578
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### TENNIS - rackets and balls provided

18+	LaFollette	F	6/22-8/17	6pm-7:30pm	\$15	17579
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### PARK HIKING - bring a lunch; West & East bus pick up sites

18+	Area parks	Sa	6/23-8/18	10 am-2:30pm	\$35	17580
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### FUN FITNESS EAST

Class features different and varying exercises to improve health and overall body strength. Great for beginners or anyone interested in a fun and supportive class. Led by certified instructor Deb Stevens.

18+	MSCR East	M	6/18-8/13	1pm-2pm	\$35	17584
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## Volunteers Needed

For City Clubs, Fit Club, Camping, Golf and Water Walking programs.  
Call 204-3020 for information.

### OVERNITE CAMPING

Bring your personal sleeping gear/clothing/personal items, change of clothes, rain and swimming gear, walking shoes, preferred healthy snacks to share with all at the camp fire. Meals provided, dinner, lunch, breakfast and smores! Transportation provided, meet at Memorial High School at Mineral Pt Rd entrance. Families and guardians welcome to participate, all pay the fee. Prepare for day and evening activities.

18+	Lake Kegonsa	Sa/Su	6/30-7/1	12pm-2pm	\$35	17598
18+	Devil's Lake	Sa/Su	7/28-29	12pm-2pm	\$35	17599
18+	Blue Mounds	Sa/Su	8/11-12	12pm-2pm	\$35	18726

### PONTOON BOAT RIDES

Agencies serving low income individuals can request free tickets for Pontoon Drop In Rides. Go to [mscr.org/our-programs/outdoor-adventures/pontoon-programs](http://mscr.org/our-programs/outdoor-adventures/pontoon-programs) for the schedule. Group rentals are also available, complete the rental reservation and include request for financial assistance. Call 204-3020 for more information.

### STRETCH AND STRENGTHEN

Learn a variety of simple and adapted physical exercises to increase overall body strength & improve flexibility to keep you moving through your day more comfortably.

18+	Muir	MW	6/18-8/8	4pm-5pm	\$45	17590
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### WATER WALKING FITNESS

Class designed for individuals who have cognitive and physical disabilities. Exercise on an individual basis with staff support, not a guided class. Best for non-swimmers who would benefit from a warm water pool. MSCR staff assess the individual abilities of water walkers and establish simple exercises that improve overall health. Requests for necessary accommodations require additional forms. For Monday - Thursday classes please arrange pick up rides no later than 7:55 pm. For Saturdays, please arrange pick up by 15 minutes after the class ends.

18+	Lapham	M	6/18-8/13	6:30pm-7:30pm	\$85	17592
18+	Lapham	W	6/20-8/15	6:30pm-7:30pm	\$85	17593
18+	Lapham	Th	6/21-8/16	6:30pm-7:30pm	\$85	17594
18+	Lapham	Sa	6/23-8/18	9am-10am	\$85	17595
18+	Lapham	Sa	6/23-8/18	10:15am-11:15am	\$85	17596

## ALL INCLUSIVE PROGRAMMING

All are welcome! Open to people without disabilities.

### BREWERS BASEBALL VS PITTSBURGH PIRATES

For people with disabilities and their families and friends. All participants pay the fee. Fee includes ticket and bussing. Meet at the Mineral Pt Rd entrance.

18+	Milwaukee	Su	8/26	TBA	\$25	17588
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### GOLF LEAGUE

For youth and adults with disabilities and their families, friends. All participants pay the fee. Fee includes green fee/cost to play for each Sunday. Adaptive golf cart available for physical disabilities at Glenway, must schedule in advance.

14+	Glenway Golf Course	Su	6/10-8/12	1-3:30 pm	\$50	17583
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## HELP PEOPLE WITH DISABILITIES

Help people with disabilities access MSCR Adaptive Programming. Donate to the Madison Community Foundation's Adapted Sports & Fitness Fund #3031097. Direct donations can be made through the Madison Community Foundation at [madisongives.org/mscradaptivesports](http://madisongives.org/mscradaptivesports) Or, please make your check payable to the: Adapted Sports & Fitness Fund #3031097 and mail the check in care of: MSCR, Adapted Programs, 3802 Regent St., Madison, WI, 53705.

# MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705

Phone: 608-204-3000

Fax: 608-204-0557

(Head of Household) Last Name		First Name		Birth Date m/d/y		Does the participant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type(s) of disability?	
Street Address		City		State		If you require accommodations related to a disability to participate in this activity, please explain:	

Email (Required for registration confirmation OR send a stamped, self-addressed envelope)  I agree to MSCR promotional email

Primary Phone		Secondary Phone		Are you an MMSD resident? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No, Non MMSD residents pay 50 % more. See page 52.		Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.)	
Cell Phone <input type="checkbox"/> I agree to text messages. Please include provider: _____							

Participant's Full Name	*Gender See page 54.	Date of Birth m/d/y	Grade 2018-2019	Race (below)	Choice		Program Title	Location	Start Date	Start Time	Course #	Fee
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						
					1st	Alternate, if any						

Race: \*Please indicate above using corresponding number: (Optional)  
 1. American Indian or Alaskan  
 2. Asian  
 3. Black or African American  
 4. Native Hawaiian or Other Pacific Islander  
 5. Hispanic  
 6. White  
 7. Multiracial

### Liability Waiver - Signature Required for Participation

By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any way connected with my participation in MSCR Program. Photos or videos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

Signature:  \_\_\_\_\_

IDs are required for classes at Warner Park Community Recreation Center. Go to [www.mscreg.org](http://www.mscreg.org) for more information.

T-Shirt Size (if applicable to program) \_\_\_\_\_ Youth sizes XS S M L XL  
 Name: \_\_\_\_\_ Size: \_\_\_\_\_  
 Name: \_\_\_\_\_ Size: \_\_\_\_\_

Fee Total \$ \_\_\_\_\_  
 Donation \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Payment: (check all that apply)  Cash  Check # \_\_\_\_\_ (Payable to MSCR)  
 I am applying for fee assistance. Please see reverse page.  Credit Card: MasterCard or Visa Only

Credit Card Number:

Card Holder Print Name: \_\_\_\_\_  
 Payment Amount \$ \_\_\_\_\_ Authorized Signature:  \_\_\_\_\_ Expiration Date:   \

# REQUEST FOR FEE WAIVER

204-3000

- Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form and turned in to the MSCR Hoyt Office. Fee Waivers cannot be done electronically.
- Fee waivers are not granted after registration is processed.
- Any payments, included with your Fee Waiver Request/Registration Form will be applied to program fees for available requested courses.
- There are three sessions per year - Winter/Spring, Summer and Fall.
- Fill out completely and check each item as appropriate. Include a second and third program choice on the Registration Form.

Contact Name: \_\_\_\_\_  
Last First Phone

**I AM REQUESTING A FEE WAIVER FOR A CHILD (CHILDREN) (AGE 17 AND UNDER)**

Fee waivers are limited to two courses per child per program session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

\_\_\_\_ My child (children) qualify/qualifies for free meals \_\_\_\_yes \_\_\_\_no; or reduced-price meals \_\_\_\_yes \_\_\_\_no.

\_\_\_\_ I am requesting a fee waiver and can pay \$\_\_\_\_\_ towards the fee, which is enclosed.

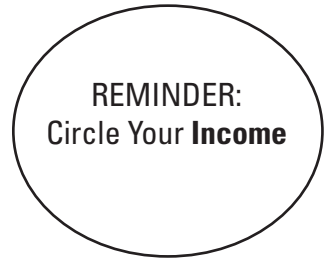
**I AM REQUESTING A FEE WAIVER FOR AN ADULT**

Fee waivers are limited to one course per adult per program session. Adult participants are required to pay 50% of the course fee. My household income is at or below 185% of the Federal Poverty Level as circled below.

**CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME\*)**

\*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

Circle below FAMILY SIZE	Circle one amount that is closest to your total household income.			
	ANNUAL	MONTHLY	TWICE-MONTHLY	BI-WEEKLY
1	\$21,589.56 (or below)	\$1,799.13 (or below)	\$899.57 (or below)	\$830.37 (or below)
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56
Each additional Add	\$7,511.04	\$625.92	\$312.96	\$288.89





**MADISON SCHOOL & COMMUNITY RECREATION**  
A department of Madison Metropolitan School District

**Adaptive Programs**  
Additional Questionnaire  
**Need 2 weekend and evening phone numbers for emergency purposes**

Participant's Name:	_____
Residential Address:	_____
City:	State: Zip code:
Home Number:	Cell Number:
Personal e-mail:	_____

Is participant supported by an agency or organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following:	Agency Name: _____
Mailing Address:	_____
City:	State: Zip code:
After Hours Emergency Number:	_____
Case Manager's Name:	_____
Phone Number:	_____
Email Address:	_____

a. Primary contact for last minute cancellations or transportation issues:	_____
<b>*Weekend /evening issues</b>	Name & number of guardian/care giver or in-home staff
b. Additional emergency contact if primary is unavailable:	_____
<b>*Need 2 phone #'s</b>	Name, Number and Relationship

How will participant be transported to/from this activity?	<input type="checkbox"/> Guardian / Caregiver <input type="checkbox"/> Madison City Bus
	<input type="checkbox"/> Madison Metro Paratransit <input type="checkbox"/> Walk independently
	<input type="checkbox"/> Other <input type="checkbox"/> Cab
Please provide the details of transportation:	_____
Include: contact name, number, scheduled pick-up or drop-off times:	_____

Does participant use a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does participant use a Hoyer lift for transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any medications taken during this activity or soon after:	_____
	<small>if MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.</small>
Does participant have a history of seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, are there any known triggers or activity restrictions?	_____