

Please complete **ALL INFORMATION** on **ALL SIDES** of this form (s) and remember to **SIGN** the permission section (s). **Incomplete registration forms will be returned and delay your registration.** Return registration form with program fees by **Monday, September 16, 2024** to:
 Therapeutic Recreation
 2414 W Mitchell Street.
 Milwaukee, WI 53204
Make checks payable to: Milwaukee Recreation or MKE Rec

RECREATION OFFICE USE ONLY
 DATE RC'VD: _____
 AMT: _____ CHECK #: _____
 FMP _____ RECPT # _____

Name: _____ Preferred Name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: (____) _____ Birth Date: ___/___/___ Age: _____ Email: _____
 Parent/Guardian Name: _____ Home PH: _____ Work/ Cell PH: _____
 Group Home Name (if applicable): _____ Mangers Name: _____ Phone Number: (____) _____
 Emergency Contact: Name: _____ Relationship: _____ PH: _____
 Doctor's Name: _____ Office Phone: (____) _____ Fax #: (____) _____
CURRENT SCHOOL ATTENDING (if applicable): _____ Teacher: _____
 CLTS/I.R.I.S. Consultant _____ Phone Number _____ Email _____

NEW: DEMOGRAPHIC INFORMATION: Which race best describes the participant?

Hispanic/Latino _____ American Indian or Alaska Native _____ Asian _____ Black/African American _____
 Native Hawaiian/Other Pacific Islander _____ White _____ Two or more races _____ Prefer not to answer _____

Which of the following accurately describes the participant? Male _____ Female _____ Transgender _____ Non-binary _____ Prefer not to answer _____

Program Registration and Fees						
Please check the program(s) you are registering for below.						
	PROGRAM	LOCATION	FALL ACTIVITY CODE	RESIDENT FEE	NON-RESIDENT FEE	TOTAL
T	<input type="checkbox"/> Game Night-SWITCHed Up	O.A.S.I.S.	2RTR6635-5501	\$48	\$72	\$ _____
W	<input type="checkbox"/> Awesome Appetizers & Desserts Too!	Hamilton	2RTR6602-HA01	\$23	\$35	\$ _____
	<input type="checkbox"/> Scrapbooking	Hamilton	2RTR6613-HA01	\$33	\$50	\$ _____
	<input type="checkbox"/> Wed Night Combo AA/ Scrapbooking	Hamilton	2RTR6620-HA01	\$54	\$81	\$ _____
TH	<input type="checkbox"/> Culture Café	Hamilton	2RTR6605-HA01	\$33	\$50	\$ _____
	<input type="checkbox"/> Let's Get Moving	Hamilton	2RTR6611-HA01	\$23	\$35	\$ _____
	<input type="checkbox"/> Thursday Night COMBO!	Hamilton	2RTR6618-HA01	\$54	\$81	\$ _____
	<input type="checkbox"/> Splish Splash Open Swim	Gaenslen	2RTR0501-GS01	Free	Free	\$ _____
FRI	<input type="checkbox"/> Computer Club	O.A.S.I.S.	2RTR6604-5501	\$23	\$35	\$ _____
	<input type="checkbox"/> Diner's Club	O.A.S.I.S.	2RTR6606-5501	\$44	\$66	\$ _____
	<input type="checkbox"/> Game & Card Night	O.A.S.I.S.	2RTR6610-5501	\$23	\$35	\$ _____
	<input type="checkbox"/> Movers & Shakers	O.A.S.I.S.	2RTR6612-5501	\$8	\$12	\$ _____
	<input type="checkbox"/> T.R. Boot Camp	O.A.S.I.S.	2RTR6617-5501	\$23	\$35	\$ _____
	<input type="checkbox"/> Friday Night COMBO with Computers!	O.A.S.I.S.	2RTR6608-5501	\$70	\$108	\$ _____
	<input type="checkbox"/> Friday Night COMBO with Games!	O.A.S.I.S.	2RTR6609-5501	\$70	\$108	\$ _____
	<input type="checkbox"/> Friday Night COMBO with Boot Camp!	O.A.S.I.S.	2RTR6607-5501	\$70	\$108	\$ _____
SAT	<input type="checkbox"/> Alley Cats	AMF- West	2RTR6601-AM01	\$8	\$12	\$ _____
	<input type="checkbox"/> Super Saturday	Manitoba	2RTR6616-MB01	\$72	\$108	\$ _____
	<input type="checkbox"/> Super Saturday	Marshall	2RTR6616-MR01	\$72	\$108	\$ _____
SUN	<input type="checkbox"/> Sunday Super 6	Various	2RTR6628-5501	\$8	\$12	\$ _____
	<input type="checkbox"/> Sunday Movie Madness	So. Shore	2RTR6615-VL01	\$8	\$12	\$ _____

Payment Choice, Please Circle:
 Cash Check Money Order
 Visa Master Card
 Card Number _____
 Card expiration Date _____
 Card Holders Name _____
 Signature _____

CHILD/YOUTH DISCOUNT: Sign here for a discount if your child is 3-21 years of age and is enrolled in Food Share/S.N.A.P., WI Share Childcare, or foster care. Classes **\$10 and over** are eligible for a **\$5** discount and classes **\$30 and over** are eligible for a **\$10** discount. (except for Club Rec which is eligible for a 50% discount). Proof of eligibility is required.
 Signature: _____

SUB TOTAL \$ _____
Child/Youth Discount \$ _____
Total Fees Enclosed \$ _____
 IRIS _____ CLTS _____

Health History

Please answer/check the statements/questions that apply to the participant.

- No Disability (Club Rec sibling Only) Intellectual Disability Speech/Language Orthopedically Impaired (Physically Disabled)
 Visually Impaired Hearing Impaired Learning Disability OHI (Other Health Impairment)
 Attention Deficit Disorder Autistic/ASD Other: _____

Degree of the statement(s) checked above: Mild Moderate Severe

Covid Vaccination Status: Yes No Prefer not to answer

- **Medication Taken?** Yes No **If you answered YES, the following MUST be completed. In case of a medical emergency, we need to know all medication(s) that are taken even if medication is NOT taken during recreation program hours:** (If additional space is please add another sheet)

Name of Medication: _____ Dose: _____

Time to be Given: _____ Possible Side Effects: _____

- **Asthma:** Yes No If yes, what is done to control/prevent an attack? _____

Do you/your child require an inhaler? Yes No

- **Allergies?** Yes No If yes, explain? _____

Do you/your child carry an EpiPen? Yes No If yes, when should it be used (be specific)? _____

- **Diabetic?** Yes No If yes, what shouldn't you/your child eat or drink? _____

- **Feeding Information:** Independent Needs some assistance Needs total assistance Pureed Food Tube Fed

- **Deaf/Hearing Impaired?** Yes No If yes, how do you/your child communicate? _____

Interpreter Needed: Yes No

- **Nonverbal?** Yes No If yes, can you/your child communicate through a different means? Yes No

If yes, explain? _____

- **Physically Disabled?** Yes No If yes, explain the disability? _____

- **Wheelchair/Walker/Cane/Crutch?** Yes No If yes, type: Power Wheelchair Manual Wheelchair Walker Cane/Crutch

Participant is: Independent Needs Assistance

- **Physical Limitations?** Yes No If yes, explain? _____

- **Safety Harness or Gait Belt Required?** Yes No If yes, Bus Classroom In Community

- **Heart Condition?** Yes No If yes, explain? _____

- **Seizures:** Yes No If yes, explain what happens before the seizures _____

If yes, frequency of seizures? _____ Date of last seizure? _____

- **Exposure to Sun?** Full Minimum No Exposure Sunscreen may be used

- **Swim Experience?** Yes No If yes, previous swim experience level & location _____

- **Toileting Information?** Toilet Trained Needs some assistance Needs total assistance Wears Diapers

If assistance is needed, what is procedure/schedule? _____

- Are there any **health/medical concerns** that require special care/handling (such as hepatitis B or C, HIV, hemophilia, stroke, etc.)? _____

- **Do the you/your child display any of the following behaviors?** Self-abuse Difficulty with transitions Aggression toward others

The use of inappropriate language Inappropriate touch (self or others) Hits, kicks, bites, or scratches

Triggers? _____

Permission/Waiver Form (Signature Required for Participation)

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

BEHAVIORS: I understand the Therapeutic Recreation Programs is designed for participants who demonstrate safe and appropriate behavior. Participants should have the ability to interact positively in a social setting, transition between activities, control emotions, and demonstrate self-control. **Staff are unable to support and/or meet the needs of participants who cannot successfully participate in a 4:1, participant to staff ratio.** The Therapeutic Recreation Program reserves the right, at the sole discretion of its staff, to deem whether the program is appropriate for a participant and/or whether our staff can support the participant's needs.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Signature of Parent/Guardian/Self

Date