

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 15, 2025** 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"/> Alley Cats	AMF-West	2RTR6601-AM01	\$8	\$12	\$ _____
FR	<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"/> Moviers & 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	\$ _____
	<input type="checkbox"/> Splash Splash Swim	Gaenslen	2RTR0501-GS01	Free	Free	\$ _____
	<input type="checkbox"/> Super Saturday	Manitoba	2RTR6616-MB01	\$69	\$104	\$ _____
SU	<input type="checkbox"/> Super Saturday	Marshall	2RTR6616-MR01	\$69	\$104	\$ _____
	<input type="checkbox"/> Sunday TR Funday	Various	2RTR6628-5501	\$8	\$12	\$ _____

Payment Choice, Please Circle:

Cash Check Money Order
Visa Master Card

Card Number _____

Card expiration Date ____/____ CVV _____

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. Proof of eligibility is required.

Signature: _____

SUB TOTAL \$ _____

Child/Youth Discount \$ _____

Total Fees Enclosed \$ _____

IRIS _____ CLTS _____

Please double check that **all information** on this registration form has been **completed!** Incomplete registration forms will be returned and delay your registration

PLEASE COMPLETE THE REVERSE SIDE...

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> No Disability (Club Rec sibling Only) | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Orthopedically Impaired (Physically Disabled) |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> OHI (Other Health Impairment) |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Autistic/ASD | <input type="checkbox"/> Other: _____ | |

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

- **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