

# MILWAUKEE RECREATION

## Spring 2026 – Therapeutic Recreation Registration Form



A department of MPS

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 **Thursday, March 26, 2026** to:

Therapeutic Recreation  
2414 W Mitchell Street.  
Milwaukee, WI 53204

**Make checks payable to:** Milwaukee Recreation

### 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: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CLTS/IRIS Service Coordinator Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

### 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	LOCATION	SPRING ACTIVITY CODE	RESIDENT FEE	NON-RESIDENT FEE	TOTAL
TU	<input type="checkbox"/> Game Night-SWITCHed Up	O.A.S.I.S.	4RTR6621-5501	\$27	\$41	\$ _____
	<input type="checkbox"/> Adaptive Aquatics Program	Hamilton	4RTR0502-MA01	\$37	\$37	\$ _____
WE	<input type="checkbox"/> Awesome Appetizers & Desserts Too!	Hamilton	4RTR6602-HA01	\$15	\$23	\$ _____
	<input type="checkbox"/> Scrapbooking	Hamilton	4RTR6613-HA01	\$21	\$32	\$ _____
	<input type="checkbox"/> <b>Wed Night Combo AA/ Scrapbooking</b>	Hamilton	4RTR6620-HA01	\$33	\$50	\$ _____
TH	<input type="checkbox"/> Culture Café	Hamilton	4RTR6605-HA01	\$21	\$32	\$ _____
	<input type="checkbox"/> Let's Get Moving	Hamilton	4RTR6611-HA01	\$15	\$23	\$ _____
	<input type="checkbox"/> <b>Thursday Night COMBO!</b>	Hamilton	4RTR6618-HA01	\$33	\$50	\$ _____
	<input type="checkbox"/> Adaptive Aquatics Program	Gaenslen	4RTR0502-GS01	\$37	\$37	\$ _____
	<input type="checkbox"/> Alley Cats	AMF West	4RTR6601-AM01	\$8	\$12	\$ _____
FR	<input type="checkbox"/> Adaptive Open Swim	Gaenslen	4RTR0501-GS01	Free	Free	\$ _____
	<input type="checkbox"/> Computer Club	O.A.S.I.S.	4RTR6604-5501	\$15	\$23	\$ _____
	<input type="checkbox"/> Diner's Club	O.A.S.I.S.	4RTR6606-5501	\$27	\$41	\$ _____
	<input type="checkbox"/> Game & Card Night	O.A.S.I.S.	4RTR6610-5501	\$15	\$23	\$ _____
	<input type="checkbox"/> Moviers & Shakers	O.A.S.I.S.	4RTR6612-5501	\$8	\$12	\$ _____
	<input type="checkbox"/> T.R. Boot Camp	O.A.S.I.S.	4RTR6617-5501	\$15	\$23	\$ _____
	<input type="checkbox"/> <b>Friday Night COMBO with Computers!</b>	O.A.S.I.S.	4RTR6608-5501	\$56	\$84	\$ _____
	<input type="checkbox"/> <b>Friday Night COMBO with Games!</b>	O.A.S.I.S.	4RTR6609-5501	\$56	\$84	\$ _____
SA	<input type="checkbox"/> Super Saturday	Manitoba	4RTR6616-MB01	\$46	\$69	\$ _____
	<input type="checkbox"/> Super Saturday	Marshall	4RTR6616-MR01	\$46	\$69	\$ _____
S	<input type="checkbox"/> TR Sunday Funday	Various	4RTR6628-VL03	\$8	\$12	\$ _____

#### Payment Choice, Please Circle:

Cash    Check    Money Order  
Visa    Master Card

Card Number \_\_\_\_\_

Card expiration Date \_\_\_/\_\_\_/\_\_\_ SSC \_\_\_\_\_

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 \$ \_\_\_\_\_

CLTS \_\_\_\_\_

At this time, we are unable to accept IRIS payments. We apologize for any inconvenience this may cause and we are hope to reinstate this payment option in the future.

**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...**



### Health History

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> No Disability (Club Rec 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

**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:** (Please attach additional pages if additional space is needed)

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