

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 **Wednesday, June 10, 2026** to:

Therapeutic Recreation  
2414 W Mitchell Street.  
Milwaukee, WI 53204

Make checks payable to: Milwaukee Recreation

**DO NOT RETURN THIS FORM TO YOUR SCHOOL!**

**RECREATION OFFICE USE ONLY**

DATE RC'VD: \_\_\_\_\_ RECPT # \_\_\_\_\_  
AMT: \_\_\_\_\_ CHECK #: \_\_\_\_\_  
FMP \_\_\_\_\_ ESY: Yes No Pending  
Med Form Given: Yes No  
Emailed In-Person Faxed  
MEDS: INT TF CHK \_\_\_\_\_

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 #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CURRENT SCHOOL ATTENDING (Club Rec Only):** \_\_\_\_\_ Teacher: \_\_\_\_\_

Is your student ENROLLED IN THE 2026 SUMMER EXTEND SCHOOL YEAR PROGRAM (ESY)? YES \_\_\_ NO \_\_\_ LOCATION: \_\_\_\_\_

CLTS Worker: Name \_\_\_\_\_ 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               | Location         | Activity Code | Resident Fee<br>Every 2 weeks   | Non-Resident Fee<br>Every 2 weeks | Total    |
|-------------------------|-----------------------|------------------|---------------|---------------------------------|-----------------------------------|----------|
| <b>M-F</b>              | Club Rec              | Elm              | 1RTR6625-EL01 | \$200 by 5/4<br>\$220 After 5/4 | \$380 by 5/4<br>\$400 After 5/4   | \$ _____ |
|                         | Club Rec              | Clement Avenue   | 1RTR6625-CM01 | \$200 by 5/4<br>\$220 After 5/4 | \$380 by 5/4<br>\$400 After 5/4   | \$ _____ |
|                         | Club Rec              | Congress         | 1RTR6625-CO01 | \$200 by 5/4<br>\$220 After 5/4 | \$380 by 5/4<br>\$400 After 5/4   | \$ _____ |
|                         | Club Rec              | Hamilton         | 1RTR6625-HA01 | \$200 by 5/4<br>\$220 After 5/4 | \$380 by 5/4<br>\$400 After 5/4   | \$ _____ |
| Summer Evening Programs |                       |                  |               |                                 |                                   |          |
| <b>Tues</b>             | It's Electric!!       | O.A.S.I.S.       | 1RTR6639-5501 | \$31.00                         | \$47.00                           | \$ _____ |
| <b>Wed</b>              | Scrap and Snack       | Hamilton         | 1RTR6624-HA01 | \$31.00                         | \$47.00                           | \$ _____ |
|                         | Adaptive Swim Program | Hamilton         | 1RTR0502-HA01 | \$37.00                         | \$37.00                           | \$ _____ |
| <b>Thurs</b>            | Culture Café          | Hamilton         | 1RTR6605HA01  | \$24.00                         | \$36.00                           | \$ _____ |
|                         | Let's Get Moving      | Hamilton         | 1RTR6611-HA01 | \$17.00                         | \$26.00                           | \$ _____ |
| <b>Fri</b>              | Thursday Night Combo  | Hamilton         | 1RTR6618-HA01 | \$39.00                         | \$59.00                           | \$ _____ |
|                         | Diner's Club          | O.A.S.I.S.       | 1RTR6606-5501 | \$31.00                         | \$47.00                           | \$ _____ |
| <b>Sun</b>              | Moviers and Shakers   | O.A.S.I.S.       | 1RTR6612-5501 | \$8.00                          | \$12.00                           | \$ _____ |
|                         | Friday Night Combo    | O.A.S.I.S.       | 1RTR6623-5501 | \$39.00                         | \$59.00                           | \$ _____ |
| <b>Sun</b>              | Sunday Movie Madness  | So. Shore Cinema | 1RTR6615-VL01 | \$8.00                          | \$12.00                           | \$ _____ |

|              |                       |                  |               |         |         |          |
|--------------|-----------------------|------------------|---------------|---------|---------|----------|
| <b>Tues</b>  | It's Electric!!       | O.A.S.I.S.       | 1RTR6639-5501 | \$31.00 | \$47.00 | \$ _____ |
| <b>Wed</b>   | Scrap and Snack       | Hamilton         | 1RTR6624-HA01 | \$31.00 | \$47.00 | \$ _____ |
|              | Adaptive Swim Program | Hamilton         | 1RTR0502-HA01 | \$37.00 | \$37.00 | \$ _____ |
| <b>Thurs</b> | Culture Café          | Hamilton         | 1RTR6605HA01  | \$24.00 | \$36.00 | \$ _____ |
|              | Let's Get Moving      | Hamilton         | 1RTR6611-HA01 | \$17.00 | \$26.00 | \$ _____ |
| <b>Fri</b>   | Thursday Night Combo  | Hamilton         | 1RTR6618-HA01 | \$39.00 | \$59.00 | \$ _____ |
|              | Diner's Club          | O.A.S.I.S.       | 1RTR6606-5501 | \$31.00 | \$47.00 | \$ _____ |
| <b>Sun</b>   | Moviers and Shakers   | O.A.S.I.S.       | 1RTR6612-5501 | \$8.00  | \$12.00 | \$ _____ |
|              | Friday Night Combo    | O.A.S.I.S.       | 1RTR6623-5501 | \$39.00 | \$59.00 | \$ _____ |
| <b>Sun</b>   | Sunday Movie Madness  | So. Shore Cinema | 1RTR6615-VL01 | \$8.00  | \$12.00 | \$ _____ |

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 \_\_\_\_\_

# Health History

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

- Regular Education (Club Rec 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

- **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 needed, please see last page)

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 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

# 2026 Club Rec Participant Information Form

**IMPORTANT:** Please complete this form only if you are registering for **Club Rec**.

Please check (✓) the location and weeks your child will be attending. You will only be billed for the weeks your child attends. The entire weekly fee is charged whether your child attends the full-time or part-time or 1 day or all 5 days each week. Fees will not be prorated.

**Participant's Name:** \_\_\_\_\_

|   |   |
|---|---|
| <b>Elm (Non-ESY)</b><br><input type="checkbox"/> Week 1– June 29-July 3 (off 7/3)<br><input type="checkbox"/> Week 2– July 6- 10<br><input type="checkbox"/> Week 3– July 13-17<br><input type="checkbox"/> Week 4-July 20-24<br><input type="checkbox"/> Week 5-July 27-31<br><input type="checkbox"/> Week 6 -Aug 3-7                 | <b>Clement Avenue</b><br><input type="checkbox"/> Week 1– June 29-July 3 (Non-ESY) (off 7/3)<br><input type="checkbox"/> Week 2– July 6- 10<br><input type="checkbox"/> Week 3– July 13-17<br><input type="checkbox"/> Week 4-July 20-24<br><input type="checkbox"/> Week 5-July 27-31<br><input type="checkbox"/> Week 6 - Aug 3-7 (Non-ESY) |
| <b>Congress</b><br><input type="checkbox"/> Week 1– June 29-July 3 (Non-ESY) (off 7/3)<br><input type="checkbox"/> Week 2– July 6- 10<br><input type="checkbox"/> Week 3– July 13-17<br><input type="checkbox"/> Week 4-July 20-24<br><input type="checkbox"/> Week 5-July 27-31<br><input type="checkbox"/> Week 6 - Aug 3-7 (Non-ESY) | <b>Hamilton (Non-ESY)</b><br><input type="checkbox"/> Week 1– June 29-July 3 (off 7/3)<br><input type="checkbox"/> Week 2– July 6- 10<br><input type="checkbox"/> Week 3– July 13-17<br><input type="checkbox"/> Week 4-July 20-24<br><input type="checkbox"/> Week 5-July 27-31<br><input type="checkbox"/> Week 6 - Aug 3-7                 |

**Transportation Information(ESY STUDENTS) Fill out this section If your child is enrolled in ESY.**

**MPS does not provide transportation for ESY students during Non-ESY weeks. Parent/guardian must provide their own transportation. Please Note: Program hours for Summer 2026 are 8:30 am-4:00 pm.**

**ESY WEEKS**

Please check (✓)the statement that best applies:

- My Child will walk from the Club Rec Program. Program ends at 4:00 pm. **Desired departure time if before 4:00 pm:** \_\_\_\_\_
- My Child will be driven by friend/family from Club Rec program. **Program ends at 4:00 pm. Desired departure time if before 4:00 pm:** \_\_\_\_\_
- My Child will use transportation/van company, arranged by parent/guardian. Pick up must be by 4:00pm, schedule appropriately to avoid late charges.

**Name of Company** \_\_\_\_\_ **(Required) Phone Number** \_\_\_\_\_ **(Required) Scheduled departure time:** \_\_\_\_\_

- My child **is enrolled** in The Extended School Year morning summer school program and MPS will provide bussing to the morning program and back home at 4:00 pm after the Club Rec recreation program.

Bussing Address: \_\_\_\_\_ (Only **ONE** address for pick up and drop off)

**Transportation Information (NON-ESY STUDENTS) Fill out this section If your child is not enrolled in ESY.**

- My Child will walk from the Club Rec Program. Program ends at 4:00 pm. **Desired departure time if before 4:00 pm:** \_\_\_\_\_
- My Child will be driven by friend/family from Club Rec program. **Program ends at 4:00pm. Desired departure time if before 4:00 pm:** \_\_\_\_\_
- My Child will use transportation/van company, arranged by parent/guardian. Pick up must be by 4:00 pm, schedule appropriately to avoid late charges.

**Name of Company** \_\_\_\_\_ **(Required) Phone Number** \_\_\_\_\_ **(Required) Scheduled departure time:** \_\_\_\_\_

**Program hours for Summer 2026 are 8:30 am—4:00 pm. Students will not be accepted to the program before 8:30am. Students must be picked up by 4pm to avoid late fees. Thank you for your understanding and cooperation!**

**Morning Drop- Off times (Non- ESY):** \_\_\_\_\_

**Evening Pick-up times (Non-ESY)** \_\_\_\_\_

**Swim Permission (Signature Required)**

Parental consent is required for children to participate in a Milwaukee Recreation swimming program and /or field trips that involve swimming. Please indicate your child’s swimming ability below. Your child will not be allowed to swim without your signature. Diapers are not allowed in the pool. Plastic/rubber covers and swim diapers for children ages 3-5 may be purchase at Target, Wal-mart, ect. Older students can purchase swim diapers at Sprint Aquaticsar 1-800-235-2156 or [www.sprintaquatics.com](http://www.sprintaquatics.com).

- My child is a **non-swimmer**. He/She cannot jump in the water over his/her head.  
(children must be at least 48” tall to stand in public pools.)
- My child is a **swimmer**. He/She can jump in water over his/her head and swim a minimum of 20 yards without stopping
- My child does **NOT** have my permission to swim.

Permission is granted for my student to participate in swimming activities as conducted by Milwaukee Recreation. I agree that if a health condition exists which would limit the participant participation in this activity, I will notify Milwaukee Recreation. I understand no diapers are allowed in the pool and I will provide swim diapers or plastic/rubber covers.

\_\_\_\_\_  
Signature of Parent/Guardian/Self

\_\_\_\_\_  
Date

**Nursing Services (Signature Required)**

I acknowledge and understand that if my child/children/self are in need of nursing services all required paperwork must be turned in to Milwaukee Recreation at least 2 weeks before the service will be needed.

\_\_\_\_\_  
Signature of Parent/Guardian/Self

\_\_\_\_\_  
Date

**Movie Permission (Signature Required)**

My child has permission to watch a child appropriate PG movie in Club Rec.

\_\_\_\_\_  
Signature of Parent/Guardian/Self

\_\_\_\_\_  
Date

**Pick-Up Authorization**

In order to ensure a safe and fun summer, please list individuals below (including yourself) that are able to pick up your child from the Club Rec program. If a person is not listed, they will not be able to pick up your child. Please do not be offended if we ask for identification when picking up the participant. We appreciate your cooperation!

Persons who **MAY** pick-up my child/children:

\_\_\_\_\_

\_\_\_\_\_

**Medications (continued from page 2 of registration)**

**Medications Taken:**

**Dose:**

**Time:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |