MILWAUKEE RECREATION
Winter/ Spring 2027 – Therapeutic Recreation Registration Form

MKE REC
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 **Monday, January 11, 2027** 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: _____

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	LOCATION	WINTER/SPRING ACTIVITY CODE	RESIDENT FEE	NON-RESIDENT FEE	TOTAL
TU	❑	It's Electric	O.A.S.I.S.	3RTR6639-5502	$58	$87	$
	❑	Adaptive Swim Program	Hamilton	3RTR0504-HA01	$37	$37	$
WED	❑	Awesome Appetizers & Desserts Too!	Hamilton	3RTR6602-HA02	$31	$47	$
	❑	Scrapbooking	Hamilton	3RTR6613-HA02	$46	$69	$
	❑	**Wed Night Combo AA/ Scrapbooking**	Hamilton	3RTR6620HA02	$65	$98	$
THUR	❑	Culture Café	Hamilton	3RTR6605-HA02	$46	$69	$
	❑	Let's Get Moving	Hamilton	3RTR6611-HA02	$31	$47	$
	❑	**Thursday Night COMBO!**	Hamilton	3RTR6618-HA02	$65	$98	$
	❑	Alley Cats-AMF	AMF-West	3RTR6601-AM02	$16	$24	$
	❑	Adaptive Swim Program	Gaenslen	3RTR0504-GS02	$37	$37	$
FRI	❑	Computer Club	O.A.S.I.S.	3RTR6604-5502	$31	$47	$
	❑	Diner's Club	O.A.S.I.S.	3RTR6606-5502	$58	$87	$
	❑	Game & Card Night	O.A.S.I.S.	3RTR6610-5502	$31	$47	$
	❑	Moviers & Shakers	O.A.S.I.S.	3RTR6612-5502	$16	$24	$
	❑	T.R. Boot Camp	O.A.S.I.S.	3RTR6617-5502	$31	$47	$
	❑	**Friday Night COMBO with Computers!**	O.A.S.I.S.	3RTR6608-5502	$105	$158	$
	❑	**Friday Night COMBO with Games!**	O.A.S.I.S.	3RTR6609-5502	$105	$158	$
	❑	**Friday Night COMBO with Boot Camp!**	O.A.S.I.S.	3RTR6607-5502	$105	$158	$
	❑	Adaptive Open Swim Program	Gaenslen	3RTR0501-GS01	Free	Free	$
SA	❑	Super Saturday	Manitoba	3RTR6616-MB02	$81	$122	$
	❑	Super Saturday	Marshall	3RTR6616-MR02	$81	$122	$
SU	❑	Sunday TR Funday	Various	3RTR6628-VL02	$16	$24	$

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_____

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.

☐ No Disability (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 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**