



# Summer 2023

## Adult Recreation Programs

June 6, 2023 - August 30, 2023

Brought to you  
in partnership  
with the



MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
AGING & DISABILITIES  
SERVICES

Name: \_\_\_\_\_  
Agency/Group Home: \_\_\_\_\_  
Agency Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Transportation: ☐ Cab ☐ Car ☐ City Bus  
☐ First Transit ☐ Transit Express Other: \_\_\_\_\_

### Drop off and Pick Up:

Please arrive 15 minutes prior to programs start time. Employees will not allow participants to enter program until 15 minutes before starting time. Please plan transportation accordingly.

### G = Wil-O-Way Grant

207 S Lake Drive, South Milwaukee

### UW = Wil-O-Way Underwood

10602 Underwood Parkway, Wauwatosa

### AMF = AMF West Lanes

7505 W Oklahoma Ave, Milwaukee

**\*Saturday outing locations listed under descriptions.**

PLEASE MARK THE PROGRAMS OF YOUR CHOICE - CLASSES CAN BE SELECETED INDIVIDUALLY OR BY SESSION.

Tuesday Bowling				
	Session Upfront Fee			\$66
Tu	6/6	Bowling @ AMF	\$7	
Tu	6/13	Bowling @ AMF	\$7	
Tu	6/20	Bowling @ AMF	\$7	
Tu	6/27	Bowling @ AMF	\$7	
Tu	7/11	Bowling @ AMF	\$7	
Tu	7/18	Bowling @ AMF	\$7	
Tu	7/25	Bowling @ AMF	\$7	
Tu	8/1	Bowling @ AMF	\$7	
Tu	8/8	Bowling @ AMF	\$7	
Tu	8/15	Bowling @ AMF	\$7	
Tu	8/22	Bowling @ AMF	\$7	
Tu	8/29	Bowling @ AMF	\$7	
Participants should bring the \$7 lane fee with them weekly.				

Wednesday Summer Madness				
W	6/7	Games & Crafts @ G	\$5	
W	6/14	Games & Crafts @ G	\$5	
W	6/21	Games & Crafts @ G	\$5	
W	6/28	Games & Crafts @ G	\$5	
W	7/12	Games & Crafts @ G	\$5	
W	7/19	Games & Crafts @ G	\$5	
W	7/26	Games & Crafts @ G	\$5	
W	8/2	Games & Crafts @ G	\$5	
W	8/9	Games & Crafts @ G	\$5	
W	8/16	Games & Crafts @ G	\$5	
W	8/23	Games & Crafts @ G	\$5	
W	8/30	Games & Crafts @ G	\$5	
Entire Session Summer Madness			\$60	

Friday Dances				
F	6/9	Dance @ G	\$7*/\$8	
F	6/23	Dance @ UW	\$7*/\$8	
F	7/7	Dance @ G	\$7*/\$8	
F	7/21	Dance @ UW	\$7*/\$8	
F	8/11	Dance @ G	\$7*/\$8	
F	8/25	Dance @ UW	\$7*/\$8	
Entire Session Dances *Discounted rate for Key Card Members.			\$42*/\$48	
Saturday Outings				
Sat	6/10	Milwaukee County Zoo	\$25	
Sat	6/24	Milwaukee Milkmen	\$25	
Sat	7/8	Botanical Gardens	\$20	
Sat	7/22	Dog Days of Summer	\$10	
Sat	8/12	Discovery World	\$30	
Sat	8/26	Portillo's	\$30	
Entire Session Outings			\$140	

Total Payment Due \$ \_\_\_\_\_

### How will you be paying for your recreation programs?

Payment can be made via cash, check, or credit card. For credit card payment please call 414-449-4444. Authorizations for any other form of payment must be received prior to start of programming.

### Payment Contact Information:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Make checks for registration only payable to:

Easterseals Southeast Wisconsin  
6767 W Washington Street, Suite 4205  
West Allis, WI 53214

Due to the nature of our programs and outings for which tickets or supplies must be purchased in advance, there will be no refunds given if you are unable to attend. If a program is cancelled by Easterseals or your program is full, you will either receive a credit towards another program or a refund.

## ONGOING ACTIVITIES

### Bowling

**Lace up your shoes and show off your best bowling skills with our popular bowling nights at AMF! Bring your own bowling gear or rent shoes and a ball from AMF. Play independently or with a group to compete for your own best score. Snacks and food are available to purchase.**

Location: AMF West Lanes

7505 W Oklahoma Ave, Milwaukee WI 53219

Date: Tuesdays

Time: 6:00 pm - 8:00 pm

Price: \$66 session fee upfront - participants should bring the \$7 lane fee with them weekly.

### Summer Madness

**Beat the heat and celebrate Summer with our new Summertime Madness night at Grant! Come play some backyard games, make some crafts, and cool down with a refreshing snack.**

Location: Wil-O-Way Grant

207 S Lake Drive South Milwaukee WI 53172

Date: Thursdays

Time: 6:00 pm - 8:00 pm

Price: \$5/night

### Friday Night Dances

**Bring your friends and your dance moves to our Friday night Dances! Dance the night away to our best songs of the 80s, 90s and today. Concessions and pizza are available for purchase. See you there!**

Location: Wil-O-Way Grant

207 S. Lake Drive, South Milwaukee

& Wil-O-Way Underwood

10602 Underwood Pkway, Wauwatosa

Dates: Fridays

Time: 6:00 pm - 8:00 pm

Price: \$8/dance or \$7/dance if key card member\*

**\*Send Key Card registration and payment to Milwaukee County OPD. Membership is good for one calendar year. All new and past members must fill out a 2023 key card application. Sign up today so you can take advantage of the reduced dance prices and access to the Milwaukee County OPD Ticket Distribution Program.**

## OUTINGS

### **Milwaukee County Zoo**

Location: 10001 W Bluemound Road Milwaukee WI 53228

Date: 6/10/23

Time: 12:00pm - 3:00pm

Price: \$25 \*Bring own lunch.

### **Milwaukee Milkmen**

Location: 7035 S Ballpark Dr, Franklin, WI 53132

Date: 6/24/23

Time: 6:00pm

Price: \$25 \*Food is not provided, participants can bring spending money.

### **Botanical Gardens**

Location: 9400 Boerner Dr, Hales Corners, WI 53130

Date: 7/8/23

Time: 12:00pm - 3:00pm

Price: \$20 \* Bring bagged lunch.

### **Dog Days of Summer - Drexel Town Square**

Location: 361 W Town Square Way, Oak Creek, WI 53154

Date: 7/22/23

Time: 12:00pm - 2:00pm

Price: \$10 \*Can bring spending money for market.

\*This is a market but there will be dogs of all sizes present.

### **Discovery World**

Location: 500 N Harbor Dr, Milwaukee, WI 53202

Date: 8/12/23

Time: 12:00pm - 3:00pm

Price: \$30 \*Bring a bagged lunch

### **Portillo's**

Location: 8705 Sura Lane, Greenfield WI 53228

Date: 8/26/23

Time: 1:00pm - 3:00pm

Price: \$30

# 2023 Wil-O-Way Key Card

The Wil-O-Way Key Card is a product of the Milwaukee County Office for Persons with Disabilities and the Wil-O-Way Recreation Program. Membership in the Wil-O-Way Key Card program expands recreational opportunities for persons with disabilities at a reduced or no cost.

**Yearly Membership runs from January 1<sup>st</sup> – December 31<sup>st</sup>**

**ALL communication by EMAIL ONLY!!!**

## MILWAUKEE COUNTY RESIDENTS

\_\_\_ KEY CARD MEMBERSHIP (\$25)

\*\*\* AFTER August 1, 2023 \*\*\* \_\_\_ (\$12)

## NON-MILWAUKEE COUNTY RESIDENTS

\_\_\_ KEY CARD MEMBERSHIP (\$35)

\*\*\* AFTER August 1, 2023 \*\*\* \_\_\_ (\$17)

## BENEFITS INCLUDED

- Discounted / free ticket offers to Admirals, Bucks, Brewers games
- Wil-O-Way Recreation Program Discounts
- Discounted ticket offers to Marcus Center of Performing Arts, Fiserv Forum, and other local / special events
- Monthly emails regarding additional recreational opportunities

*Please Type or Print*

**EMAIL ADDRESS NEEDED!!!**

NAME: \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

DISABILITY: \_\_\_\_\_

FUNCTIONAL LIMITATIONS (i.e., limited walking, scared of heights, etc.): \_\_\_\_\_

MOBILITY DEVICES USED: \_\_\_\_\_ Wheelchair \_\_\_\_\_ Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Cane

\_\_\_\_\_ Crutches \_\_\_\_\_ Long Leg Braces \_\_\_\_\_ Other \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

## Payment

**Checks:** Should be made payable to: **Milwaukee County Treasurer**

**Credit Cards:** (Please circle appropriate card)

**MasterCard**

**VISA**

**Name on Card:** \_\_\_\_\_

**Acct. #:** \_\_\_\_\_

**Charge Authorized:** \$ \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Sec. Code (3 digits):** \_\_\_\_\_

**Mail:** Office for Persons with Disabilities, Wil-O-Way Key Card, 1220 W. Vliet Street, Room 302L, Milwaukee, WI 53205

**Fax:** 414-278-3939 **Email:** [michael.bonk@milwaukeecountywi.gov](mailto:michael.bonk@milwaukeecountywi.gov)

**Questions:** Call 414-278-3930



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# COVID POLICIES

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The health and safety of our staff and participants remains our top priority. Easterseals Southeast Wisconsin wants you to know our staff has continued to monitor the Center for Disease Control and Prevention (CDC) guidelines and recommendations, as well as Milwaukee County guidelines, to continue to prevent the spread of COVID-19 and other illnesses. If at any time you have questions regarding Covid, please reach out to an Easterseals Staff.

All recreation programming staff are required to be vaccinated.

Staff will continue to disinfect frequently touched surfaces throughout programming. Appropriate social distancing will be followed at all programming whenever possible.

Masks are currently optional. This may change based on CDC community risk levels, or exposure. Changes will be communicated if they occur.

Our staff will be strictly enforcing the below guidelines in our Recreation programming regardless of vaccination status:

- If a participant presents a 100.4-degree fever or higher or other symptoms unusual to the person, the participant will be sent home. We will require the participant to be picked up immediately. Failure to do so may result in suspension or discharge from programming.
- If you are experiencing any Covid symptoms. Do NOT come to programming. Do not return to programming for 5 days (from symptom onset) and you have been fever free (without the use of fever reducing medications) for 24 hours (or more) and have an improvement in your symptoms for a minimum of 24 hours.
- If you have been in close contact with a person known to have COVID-19, you will be required to wear a mask at all times while at programming for 10 days from last exposure. If you cannot mask, you will not be able to return to programming for 5 days from last exposure and must have been symptom free for those 5 days.
- We encourage vaccination and booster shots for those eligible.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with any of these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seems to be at higher risk for developing more serious complications from COVID-19 illness.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **or Medicaid #:** \_\_\_\_\_

## Medical Information

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Insurance Number:** \_\_\_\_\_

**Please provide a list of all medications including dosage and frequency.**

**\*Easterseals Staff will not administer medications. This information will be shared with EMS in a medical emergency.\***

## Photo Release:

I grant permission to Easterseals Southeast Wisconsin to photograph and videotape me/my ward engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials maybe released to the general public. ☐ Yes ☐ No

**Self/Parent/Guardian Signature:** \_\_\_\_\_

## Please check all that are appropriate (to better serve the participant):

### **Degree of disability:**

☐ Mild ☐ Moderate ☐ Severe

### **Behavior:**

- ☐ Generally Easy-Going / Happy  
☐ Shy / Withdrawn  
☐ Unsure of New Situations  
☐ Helpful  
☐ Verbally Aggressive / Demanding  
☐ Physically Aggressive  
☐ Wanders / Needs Continuous Direction  
☐ Other: \_\_\_\_\_

### **Please check all that apply to participant:**

- ☐ Attention Deficit Disorder  
☐ Autism  
☐ Cerebral Palsy  
☐ Cognitive Disability  
☐ Down Syndrome  
☐ Emotional Disability  
☐ Hearing Impairment  
☐ Learning Disability  
☐ Physical Disability  
☐ Speech/Language Disability  
☐ Visual Impairment  
☐ Other: \_\_\_\_\_

### **Does the participant need 1:1 instruction?**

☐ Yes ☐ No

### **Independence doing Activities:**

☐ None ☐ Partial ☐ Total

### **Assistance needed with eating:**

☐ None ☐ Partial ☐ Total

### **Assistance needed with handling money:**

☐ None ☐ Partial ☐ Total

### **Communication:**

- ☐ Verbal  
☐ Non-Verbal  
☐ Communication Board  
☐ Sign Language  
☐ Gestures  
☐ Other: \_\_\_\_\_

### **Hearing:**

- ☐ Normal  
☐ Normal with Aid  
☐ Partial Loss  
☐ Partial with Aid  
☐ Legally Deaf

### **Vision:**

- ☐ Unimpaired  
☐ Night Blindness  
☐ Color Blind  
☐ Partial Sight  
☐ Legally Blind

### **Mobility:**

- ☐ Ambulatory  
☐ Braces  
☐ Cane  
☐ Wheelchair  
☐ Scooter  
☐ Walker  
☐ Motorized Wheelchair

### **Assistance needed with mobility:**

☐ None ☐ Partial ☐ Total

### **Allergies: Explain Allergy if Applicable**

- ☐ None  
☐ Animals Environment  
☐ Food Medicine  
☐ Other: \_\_\_\_\_

### **Diabetic:**

- ☐ No  
☐ Yes (provide further detail of limitations)

### **Diet:**

- ☐ Standard  
☐ Low Salt  
☐ Chopped Food  
☐ Low Calorie  
☐ Blended/pureed  
☐ No Sugar  
☐ Other: \_\_\_\_\_

### **Seizures:**

- ☐ None  
☐ Petit Mal  
☐ Grand Mal  
☐ Tonic Clonic  
☐ Non-Convulsive  
☐ Nocturnal  
☐ Psychomotor  
☐ Mixed  
☐ Drop Seizures

**Frequency:** \_\_\_\_\_

### **Assistance needed with toileting:**

☐ None ☐ Partial ☐ Total

**\*We will provide personal care assistance in emergency situations only. If personal care or transfers are needed please have a PCA come with the participant.**





# 2023 Annual Information Form(continued)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Caregiver Information:** Does the participant have a caregiver? ☐ Yes ☐ No

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Group Home Agency Contact Information:**

Group Home Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Vital Information (This information is required to help secure funding for our programs.):**

**I live:**

- ☐ Alone ☐ With my family ☐ In a group home  
☐ With an attendant ☐ In a health care center

**Family Status:**

- ☐ Single ☐ Single parent ☐ Married Couple/children  
☐ Married Couple/no children

**Household Type (check all that apply):**

- ☐ Owns home ☐ Rents ☐ Lives Alone ☐ Lives with partner  
☐ Lives with family ☐ Lives with parent or relative  
☐ Lives in a nursing home ☐ Multiple family residence  
☐ Lives in a group home ☐ Homeless ☐ Foster Home

**During the day, I:**

- ☐ Attend school ☐ Work ☐ Attend day program ☐ Stay home

**Household Annual Income:**

- ☐ \$0–\$9,999 ☐ \$37,000–\$49,999 ☐ \$10,000–\$14,999  
☐ \$50,000–\$74,999 ☐ \$15,000–\$24,999 ☐ \$75,000 or more

**Type of assistance household receives:**

- ☐ SSDI ☐ SSI ☐ AFDC ☐ Autism Waiver Funding ☐ Food Stamps  
☐ Family Support Funding ☐ Family Care

**Participant has health insurance:**

- ☐ Yes ☐ No ☐ Unknown

**If yes, type of insurance:**

- ☐ Medicaid ☐ Medicare ☐ Private ☐ HMO ☐ Title 19 HMO  
☐ Other: \_\_\_\_\_

**Employment Status:**

- ☐ Works full-time ☐ Works part-time ☐ Does not work ☐ Retired

**Education, last grade completed:**

- ☐ Never attended ☐ Preschool ☐ Grade School ☐ 7th Grade  
☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade  
☐ High School ☐ Some College ☐ 2-year College Graduate  
☐ Post-Graduate or Above

**First Language:**

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French  
☐ German ☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese  
☐ Cambodian ☐ Urdu ☐ Other: \_\_\_\_\_  
☐ Does not speak

**Second Language:**

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French ☐ German  
☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese ☐ Cambodian ☐ Urdu  
☐ Other: \_\_\_\_\_

**Armed Services:**

- Active Duty? ☐ Yes ☐ No  
National Guard/Reserve? ☐ Yes ☐ No  
Veteran? ☐ Yes ☐ No  
Member of a Military/Veteran Family? ☐ Yes ☐ No

**Race/Ethnicity:**

- ☐ African American/Black ☐ Caucasian/White ☐ Native  
Hawaiian/Pacific Islander ☐ Asian ☐ Hispanic/Latino  
☐ Middle Eastern ☐ Native American

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the Easterseals Recreation Guidebook. I also hereby absolve and hold harmless Milwaukee County Office for Persons with Disabilities, Easterseals Southeast Wisconsin and their employees and volunteers from any liability for injuries or damages as a result of participation in programs and community activities. I further provide that this consent and waiver applies to my heirs, executors and assignees. Please call 414-449-4444 or email shellyr@eastersealswise.com if you have questions or concerns.

Self/Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_