

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705

Phone: 608-204-3000

Fax: 608-204-0557

www.mschr.org

Para ayuda en español, marque el 204-3057

(Head of Household) Last Name		First Name	Birth Date d/m/y		Does the participant have a disability? ___ Yes ___ No If yes, what type(s) of disability?	
Street Address		City	State	Zip	If you require accommodations related to a disability to participate in this activity, please explain:	

Email (Required for registration confirmation OR send a stamped, self-addressed envelope) I agree to MSCR promotional email

Primary Phone	Secondary Phone	Are you an MMSD resident? (Check one) ___ Yes ___ No Non MMSD residents pay 50 % more. See page 52.		Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.)		
Cell Phone ___ I agree to text messages.						

Participant's Full Name	Gender	Date of Birth m/d/y	Grade 2016-2017	Race (below)	Choice	Program Title	Location	Start Date	Start Time	Course #	Fee
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						
					1st						
					Alternate, if any						

Race: *Please indicate above using corresponding number (Optional)

1. American Indian or Alaskan	6. White
2. Native	7. Multiracial
3. Black or African American	4. Native Hawaiian or Other Pacific Islander
5. Hispanic	

T-Shirt Size (if applicable to program) Youth sizes

Name: _____ Size: XS S M L XL

Fee Total \$ _____

Total \$ _____

Liability Waiver - Signature Required for Participation

By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any way connected with my participation in MSCR Program. Photos or videos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

Signature: _____

IDs are required for classes at Warner Park Community Recreation Center. Go to www.mschr.org for more information.

Payment: (check all that apply) ___ Cash ___ Check # _____ (Payable to MSCR)

___ I am applying for fee assistance. Please see reverse page. ___ Credit Card: MasterCard or Visa Only

Credit Card Number:

Expiration Date:

Card Holder Print Name: _____

Payment Amount \$ _____ Authorized Signature: _____