

MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705 Phone: 608-204-3000 Fax: 608-204-0557 www.msccr.org

(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) 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.

Cell Phone ___ I agree to text messages. Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.) _____

Participant's Full Name	*Gender See page 52	Date of Birth m/d/y	Grade 2017-2018	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						
					1st						
					Alternate, if any						

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

1. American Indian or Alaskan 6. White

Native 4. Native Hawaiian or Other Pacific Islander 7. Multiracial

2. Asian 3. Black or African American 5. Hispanic

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.msccr.org for more information.

T-Shirt Size (if applicable to program) Youth sizes **Fee Total \$** _____

Name: _____ Size: XS S M L XL \$ _____

Name: _____ Size: L XL Total \$ _____

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:

Card Holder Print Name: _____ **Payment Amount \$** _____ **Authorized Signature:** _____ Expiration Date: \

REQUEST FOR FEE WAIVER

204-3000

- **PLEASE SUBMIT COMPLETED FORM ONE WEEK PRIOR TO THE FIRST DAY OF REGISTRATION (MARCH 13, 2017)**
- Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form. Fee Waivers cannot be done electronically.
- Fee waivers are not granted after registration is processed.
- Any payments, included with your Fee Waiver Request/Registration Form will be applied to program fees for available requested courses.
- Fill out completely and check each item as appropriate. Include a second and third program choice on the Registration Form.

Contact Name: _____
Last
First
Phone

I AM REQUESTING A FEE WAIVER FOR A CHILD (CHILDREN) (AGE 17 AND UNDER)

Fee waivers are limited to two courses per child per program *session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.
 ___ My child (children) qualify/qualifies for free meals ___yes ___no; or reduced-price meals ___yes ___no.
 ___ I am requesting a fee waiver and can pay \$_____ towards the fee, which is enclosed.

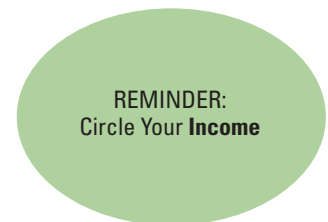
I AM REQUESTING A FEE WAIVER FOR AN ADULT

Fee waivers are limited to one course per adult per program *session. Adult participants are required to pay 50% of the course fee. Check one:
 1. ___ My household income is at or below 185% of the Federal Poverty Level as circled below. Answer #2.
 2. ___ I am requesting a fee waiver and can pay \$_____ toward the fee which is enclosed.
 If fee waiver request exceeds 50% of program cost, please explain:

CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME*)

*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

FAMILY SIZE	ANNUAL	MONTHLY	TWICE MONTHLY	BI-WEEKLY
1	\$21,589.56 <i>(or below)</i>	\$1,799.13	\$899.57	\$830.37
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56
Each additional Add	\$7,511.04	\$625.92	\$312.96	\$288.89



***THERE ARE THREE SESSIONS PER YEAR - WINTER/SPRING, SUMMER AND FALL.**