

# MSCR Registration Form

Parent/Guardian/Contact Person—Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Main Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (Required for registration confirmation) \_\_\_\_\_ MMSD Resident \_\_\_ Non-Resident \_\_\_ Non-residents pay 50 percent more.

Please note special needs or health concerns: \_\_\_\_\_  
Do you require accommodations to participate in this activity? No/Yes Explain: \_\_\_\_\_

- Accept VISA, MasterCard or Checks. Make check payable to MSCR.
- See reverse side for Fee Waiver information. Fee waiver requests must accompany registration form.
- Enclose a stamped, self-addressed envelope.
- **Mail to:** MSCR, 3802 Regent St., Madison, WI 53705
- **Or fax to:** 204-0557.

Name(s) of Participant(s):	Sex	DOB m/d/y	Grade 2011-12	Race*	Activity List 1st & Alternate Choices	Location	Dates	Time	Fee	Course#
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					

Credit Card Number: \_\_\_\_\_ Card Holder Print Name: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_ **VISA OR MASTERCARD ONLY** Fee Total \$ \_\_\_\_\_  
 Donation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

## Liability Waiver - Signature Required

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 may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

\_\_\_\_\_  
**Signature - Required for participation**

\*Please indicate above using corresponding number: (Optional)  
 1. American Indian or Alaskan Native  
 2. Asian  
 3. Black or African American  
 4. Native Hawaiian or Other Pacific Islander  
 5. Hispanic  
 6. White  
 7. Multiracial