MADISON SCHOOL & COMMUNITY RECREATION

HIGH SCHOOL EXTRAMURAL PLAYER CARD

For Information call 204-4580

Player's Name _____ HS ID_____ Phone _____

High School _____ Grade _____ Birth Date _____ Gender_____

Parent/Guardian _____Phone _____ Work/cell Phone _____

Address _____ ZIP CODE _____

Emergency Contact Name _____ Phone _____Relationship_____

Health Insurance Provider _____ Hospital Preference _____

Group # _____ Subscriber # _____ Doctor's Name _____

Sport (check one): ☐ Basketball ☐ Kickball ☐ Soccer ☐ Volleyball

Position _____
Height _____

EXPERIENCE LEVEL
___Novice – No organized experience
___Experienced **-** Organized experience

REGISTRATION TYPE
___ Individual
___ Team

Team Name _____ Coach/Manager _____

Special Needs (check all that apply): ___ Female Head of Household ___ Disabled

Note special needs/accommodations or health concerns for participant: _____

Registrations will not be processed without the following information:

Race/Ethnicity (check all that apply):
___ Asian/Pacific Islander ___ American Indian/ Alaskan ___ Hispanic
___ Black/African American ___ White/Caucasian ___ Other

Household Size (circle one)
1 2 3 4 5 6 7 8

HUD # See Chart (circle one)
1 2 3 4

Household Size	HUD #1	HUD #2	HUD #3	HUD #4
1	$15,350 & under	$15,351 - $25,600	$25,601 - $40,250	$40,251 & over
2	$17,550 & under	$17,551 - $29,300	$29,301 - $46,000	$46,001 & over
3	$19,750 & under	$19,751 - $32,950	$32,951 - $51,750	$51,751 & over
4	$21,950 & under	$21,951 - $36,600	$36,601 - $57,500	$57,501 & over
5	$23,700 & under	$23,701 - $39,550	$39,551 - $62,100	$62,101 & over
6	$25,450 & under	$25,451 - $42,450	$42,451 - $66,700	$66,701 & over
7	$27,250 & under	$27,251 - $45,400	$45,401 -$71,300	$71,301 & over
8	$29,000 & under	$29,001 - $48,300	$48,301 - $75,900	$75,901 & over

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 programs. Photos may be taken during programs for educational and marketing purposes. If emergency medical care is deemed necessary, MSCR staff is authorized to act in my child's behalf in granting permission for my child to receive emergency treatment.

Parent/Guardian Signature _____ Date _____

*****MUST BE SIGNED IN ORDER TO PARTICIPATE*****

MAIL TO: MSCR HIGH SCHOOL PROGRAMS, 3802 Regent St. Madison, WI 53705