WARNER PARK COMMUNITY RECREATION CENTER
REGISTRATION FORM • PAGES 44-50 245-3669

Household/Last Name | First Name | Home Phone | Work Phone

Address | Apt #

City | Zip | Date of Birth

E-mail

Please note special needs or health concerns:

Do you require accommodations to participate in this activity? Yes/ No Explain:

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. I have read all the MSCR Policies and Procedures. **WPCRC registrations will not be processed without completed HUD information.**

_____Signature

Signature required for participation.

Participants who you are registering:	Sex	DOB m/d/y	*Race see below	Grade	Activity	Dates	Time	Fee	Course #
					1st				
					2nd				
					1st				
					2nd				
					1st				
					2nd				
					1st				
					2nd				

***Registration will not be processed without HUD information.** See chart on Pg. 45

HUD# 1 2 3 4

Household Size

1 2 3 4 5 6 7 8

*Please indicate above using corresponding number:

1. Asian/Pacific Islander
2. American Indian/Alaskan
3. African American
4. Hispanic
5. White
6. Multiracial

Special Needs (please check all that apply)

__Special Needs
__ Elderly (60+)
__ Handicapped
__ Female Head of Household

WPCRC Photo ID
Resident (check one)
__ single $5
__ family $10
__ family of 4 or more $3 per person

WPCRC Photo ID
Non-Resident (check one)
__ single $15
__ family $25
__ family of 4 or more $25

Make checks payable to City Treasurer.
Enclose a stamped, self-addressed envelope.
Mail to: MSCR at WPCRC,
1625 Northport Drive, Madison, WI 53704

Complete if using VISA or Mastercard

Credit Card No.

Exp. Date

Security number

(last three digits on back of card)

_____
Authorized Signature

_____
print Cardholder Name as it appears on card

Total Fees & ID

$

__Resident __Non-Resident
If you can afford to sponsor a youth please include a donation.
$____ MSCR,or $____WPCRC