MSCR Registration Form

Madison School & Community Recreation Office: MSCR Central, 328 E Lakeside St, Madison, WI 53715 Phone: 608-204-3000 Fax: 608-204-0557 E,mail: mscr@madison.k12.wi.us

(Head of Household) Last Name	First Name		Birth Date (mm/dd/yy)	Does the participant require an accommodation or special assistance due to a disability? If so, please explain.
Street Address	City	State	Zip	
Email (Required for registration confirmation OR send a stamped, self-addressed envelope) *I agree to receive MSCR promotional email				
Primary Phone / Cell Phone	Are you an MMSD resident? (Check one) __Yes __ No, Non MMSD residents pay 50% more. See the Policy Page.			Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.)
Emergency Contact Name	Emergency Contact Phone			

Participant's Full Name	Gender *See page 55.	Date of Birth mm/dd/yy	Grade 2024-2025	Race (see below)	Choice	Program Title	Location	Start Date	Start Time	Course #	Fee	*Fee Assis-tance Request
					1st							
					Alternate, if any							
					1st							
					Alternate, if any							
					1st							
					Alternate, if any							
					1st							
					Alternate, if any							

*Must complete form on back.

Race: 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

☐ Youth Sports Participants: I acknowledge receipt of Concussion & Sudden Cardiac Arrest Information (page 64.

Fee Total $_____

Donation $_____

Total $_____

Payment: (check all that apply) ___ Cash ___ Check #_____ (Payable to MSCR) ____ Credit Card: MasterCard or Visa Only

☐ I am requesting a Payment Plan (camps Only)

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name as printed on card:_____ Three Digit Code ☐☐☐

Payment Amount $_____ Authorized Signature:_____ Expiration Date: ☐☐/☐☐

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: _____

WPCRC Photo ID required for programs at Warner Park Community Recreation Center. Go to mscr.org for more information.