

# MSCR Camp Supplemental Information Form

You are welcome to complete one form for multiple children from the same household. Please indicate any differences as needed. All information will be able to be reviewed or updated at camp during drop-off. Items with a \* are required.

Participant Name(s)\*: \_\_\_\_\_

Guardian 1 Name\*: \_\_\_\_\_ Guardian 1 Cell Phone\*: \_\_\_\_\_

Guardian 1 Email Address: \_\_\_\_\_ Guardian 1 Alt. Phone: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Guardian 2 Cell Phone: \_\_\_\_\_

Guardian 2 Email Address: \_\_\_\_\_ Guardian 2 Alt. Phone: \_\_\_\_\_

Emergency Contact Name\*: \_\_\_\_\_ EC Cell Phone\*: \_\_\_\_\_  
[and relationship to the participant(s)]

Other Adults Authorized to Pick Up Participant(s) from Program\*: \_\_\_\_\_

Participant(s) may check themselves out at the end of program to walk or bike home: YES NO

Health Insurance Provider: \_\_\_\_\_ Group / Subscriber Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Other information we should know about your child(ren): \_\_\_\_\_

## Participation Agreement

By registering for MSCR youth programming, I hereby understand and agree to the following:

1. My child(ren) and I will adhere to MSCR rules and procedures.
2. I have read the Youth Programs Policy Handbook and I am aware of MSCR policies, procedures and guidelines.
3. I have read the Participant Expectations of Behavior and am aware that MSCR staff will use these guidelines when working with participants and families to resolve any behavior issues.
4. My child and I will treat all MSCR participants, staff, volunteers and families with respect and dignity in language, attitude, behavior and mannerisms regardless of race, creed, color, gender, sexual orientation, gender identity or ability.
5. I will provide MSCR with current information regarding my child's address, phone number, medication, disabilities, swimming abilities and any other relevant information that will enable MSCR staff to serve my child in the best possible manner.
6. I hereby give permission for MSCR to take or transport my child(ren) on supervised field trips during program hours.
7. All children must leave the building at the close of the program. Guardians are responsible for their children at closing time.
8. I hereby grant permission for MMSD/MSCR staff to share with each other any information or records regarding my child(ren). This includes the ability of MMSD school staff to disclose to MSCR staff pupil records or information related to disability status, special education needs (Individual Education Program), accommodations (Section 504 Plan), health conditions and behavioral concerns for the purpose of providing appropriate accommodations and supports in MSCR youth programming.
9. MSCR/MMSD staff have my permission to assist my child in the application of sunscreen and/or insect repellent prior to outdoor activities. It is my understanding that children are required to bring both sunscreen and insect repellent for use during MSCR programs. Children should come to their program in the morning with sunscreen already applied.
10. If emergency medical care is deemed necessary and I am unable to be reached, MSCR staff is authorized to act in my child's behalf in granting permission for my child to receive emergency treatment or surgery.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 Email: 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 mscr.org	Date of Birth mm/dd/yy	Grade SY 2026-2027	Race (see below)	Choice	Program Title	Location	Start Date	Start Time	Course #	Fee	*Fee Assistance Request
					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 Native | 4. Native Hawaiian or Other Pacific Islander | 7. Multiracial |
| 2. Asian                             | 5. Hispanic                                  |                |
| 3. Black or African American         | 6. White                                     |                |

Youth Sports Participants:  
I acknowledge receipt of Concussion & Sudden Cardiac Arrest Information at mscr.org.

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.

# Fee Assistance Request

If your family is requesting fee assistance, you must fill out this form completely and answer each item as appropriate. If you are not able to print this form, please call 608-204-3000 for assistance. MSCR program fees may be partially or fully waived upon request for youth meeting criteria for free or reduced price school meals and adults with income at or below 185% of Federal Poverty Level. Fee assistance is available only to residents of the Madison Metropolitan School District (MMSD). Non-residents do not qualify for fee assistance. This Fee Assistance Request Form and partial payment, if applicable, must accompany the MSCR Registration Form. Fee assistance is not granted after program registrations are processed.

<b>NAME</b>	Head of Household Name: _____ Last First
<b>FAMILY SIZE</b>	<p>What is your family size? Circle one number: 1 2 3 4 5 6 7 8 9 10</p> <p>List your gross* annual income: \$ _____ (per year) Or list your gross* bi-weekly income: \$ _____ (every two weeks)</p> <p><small>*Gross income means income before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds.</small></p>
<b>ADULT</b>	<p>Complete this section if the participant is an adult. If the participant is a child, skip to the next section and complete the section titled Youth. Fee assistance for adults is limited to one program per adult per season*. There are three program seasons per year: Winter/Spring, Summer and Fall.</p> <p>1. Adult participants are asked to pay 50% of the program fee.* 2. I am enclosing the following payment of \$_____.</p> <p>3. *If you are unable to pay 50%, or are requesting fee assistance beyond the one program per season limit, please explain: _____ _____</p>
<b>YOUTH</b>	<p>Fee assistance is limited to two programs per program season for youth ages 17 and under*. There are three program seasons per year: Winter/Spring, Summer and Fall. Families are requested to pay what they can towards the program fee.</p> <p>1. My child qualifies for free school meals <input type="radio"/> Yes <input type="radio"/> No      My child qualifies for reduced-price school meals <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. My family is requesting fee assistance and we are able to enclose the following payment of \$_____.</p> <p>3. *My family is requesting fee assistance beyond the two programs per season limit. Please explain: _____ _____</p> <p>4. My child(ren) are younger than school age. <input type="radio"/> Yes <input type="radio"/> No</p>

## WHAT HAPPENS NEXT?

If you qualify for full fee assistance, and space is available, you are emailed a confirmation of your registration request.

If you do not qualify for partial or full fee assistance, we temporarily reserve a space in the requested course(s) and contact you. You are asked to remit payment within five business days to confirm your space in the program(s).