

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		

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 MMUSD resident? (Check one) ____ Yes ____ No Non MMUSD 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
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