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
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 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.

Name

Head of Household Name: _____ _____

Last First

Family Size

What is your family size? Circle one number: 1 2 3 4 5 6 7 8 9 10

List your gross* annual income: $ _____ (per year)
Or list your gross* bi-weekly income: $ _____ (every two weeks)

*Gross income means income before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds.

ADULT

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.

1. Adult participants are asked to pay 50% of the program fee.*
2. I am enclosing the following payment of $_____.
3. *If you are unable to pay 50%, or are requesting fee assistance beyond the one program per season limit, please explain:

_____
_____

Youth

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.

1. My child qualifies for free school meals ☐ Yes ☐ No My child qualifies for reduced-price school meals ☐ Yes ☐ No

2. My family is requesting fee assistance and we are able to enclose the following payment of $_____.

3. *My family is requesting fee assistance beyond the two programs per season limit.
Please explain: _____
_____

4. My child(ren) are younger than school age. ☐ Yes ☐ No

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).