

M S C R R E G I S T R A T I O N F O R M

Warner Park Community Recreation Center programs use form on page 44. One form per household.

Household/Last Name	First Name	Home Phone	Work or Cell Phone
Address			Apt #
City	State	Zip	

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 Program. Photos may be taken during program for educational and marketing purposes.

_____ Signature

Signature required for participation.

MMSD Resident Non-Resident
Non-residents pay 50 percent more, see page 4.

Name of Participants:	Sex	DOB m/d/y	Grade 07-08	Race* <small>see below</small>	Activity List 1st & Alternate Choices	Location	Dates	Times	Fee	Course#
					1st _____ alternate					
					1st _____ alternate					
					1st _____ alternate					
					1st _____ alternate					

I am requesting a scholarship and meet the guidelines (see page 4) **I have attached my written request.**

*Please indicate above using corresponding number: (Optional)

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

Scholarship Eligibility Family Size	Annual Income
1	\$18,132
2	24,420
3	30,710
4	37,000
5	43,290
6	49,580

Payment Method: <input type="checkbox"/> Check (payable to MSCR) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Credit Card Number: _____	
Card Holder Print Name: _____	Expiration Date: ____ / ____
Authorized Signature: _____	Payment Amount \$ _____

Total Fees \$
Donation \$ to the Scholarship Fund
Total \$

Make checks payable to MSCR. Enclose a stamped, self-addressed envelope.

Mail to: MSCR,
3802 Regent St.,
Madison, WI 53705
Fax to:
204-0557