

OFFICE USE ONLY		
League	Team	Date Rec'd
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RESIDENT
3802 Regent Street, Madison, WI 53705

SEASON: Fall Winter Summer

SPORT: Baseball Basketball Softball Volleyball

Last Name	First Name	Middle Initial	Birthdate (mo/day/yr)	Age	Height	Weight
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Home Address	MADISON, WI	Zip Code
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Phone (preferred)	Phone (secondary)	Email Address	Employer
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I agree to play for the team listed. I agree to abide by the regulations set by Madison School & Community Recreation and MMSD. It is agreed that by signing this form I will be responsible for the injuries to my person and/or damage to my property that could occur as a result of my participant in this program. I agree that photos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

▶ Player's Signature	Team Name
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I agree to be responsible for the eligibility of this player	▶ Manager's Signature	Date Signed
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SEE REVERSE SIDE

MADISON SCHOOL & COMMUNITY RECREATION

Last Year Played:	Team Name:	League Name:
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MSCR is committed to providing racially diverse programs. Please help us by providing this optional information.

_____ Asian/Pacific Islander

_____ Hispanic/Latino

_____ American Indian/Alaskan

_____ White

_____ African American

_____ Multi-racial