


OFFICE USE ONLY					RESIDENT			
League	Team on	Date Rec'd	3802 Regent Street, Madison, WI 53705					
SEASON: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/>			SPORT: Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball <input type="checkbox"/>					
Last Name		First Name		Middle Initial	Birthdate (mo/day/yr)	Age	Height	Weight
Home Address						MADISON, WI		Zip Code
Phone (preferred)		Phone (secondary)		Email Address		Employer		
<p><i>MSCR is committed to providing racially diverse programs. Please help us by providing this optional information.</i></p> Asian/Pacific Islander _____ American Indian/Alaskan _____ African American _____ Hispanic/Latino _____ White _____ Multi-racial _____								
<p>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 participation 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.</p>								
▶ Player's Signature					Team Name			
I agree to be responsible for the eligibility of this player			▶ Manager's Signature				Date Signed	

MADISON SCHOOL & COMMUNITY RECREATION		
Last Year Played:	Team Name:	League Name:
<p>MSCR is committed to providing racially diverse programs. Please help us by providing this optional information.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Asian/Pacific Islander</p> <p>_____ American Indian/Alaskan</p> <p>_____ African American</p> </div> <div style="width: 45%;"> <p>_____ Hispanic/Latino</p> <p>_____ White</p> <p>_____ Multi-racial</p> </div> </div>		