

MSCR SPORTS LEAGUE PLAYER CARD



Resident Non-Resident

OFFICE USE ONLY							
League	Team	Date Rec					
	00		Check One <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball				
Last Name		First Name		Birthdate mm/dd/yy	Age	Height	Weight
Residence Street Address				City		Zip Code	
Residence Phone		Business Phone		Employer			
I agree to play for the team listed. I agree to abide by the regulations set by the 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.							
Player's Signature X				Team Name			
I agree to be responsible for the eligibility of this player				➔ Manager's Signature		Date Signed	

Last Year Played:	Team Name:	League Name:
-------------------	------------	--------------

MSCR is committed to providing racially diverse programs. Help us by providing this optional information.

- | | |
|--|---|
| <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> American Indian/Alaskan
<input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> White
<input type="checkbox"/> Multi-Racial |
|--|---|

Please print this page and fax to 608-204-0557 or mail to:

**MSCR
3802 Regent St.
Madison, WI 53705**