



# WPCRC ID CARD APPLICATION

WPCRC ID Card Fees	City of Madison Resident	Non-Resident
Individual	\$5	\$15
Family	\$10	\$25
Family with 6 or more members	\$3/person	\$45/family

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(MUST BE 18 YEARS OF AGE)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Individual Member or Family Members	Gender (Select code from below)	Date of Birth (mm/dd/yyyy)	Race (Select code from below)	Ethnicity (Select code from below)
1)				
2)				
3)				
4)				
5)				

CODE	GENDER	CODE	RACE	CODE	ETHNICITY
F	Female	A	Asian	EH	Hispanic
M	Male	IA	American Indian / Alaskan Native	NH	Non-Hispanic
NB	Non-Binary	B	Black / African American		
GQ	GenderQueer	BW	Black / African American & White/Caucasian		
NA	Prefer Not to Answer	W	White / Caucasian		
O	Prefer to self-describe (specify)	HP	Native Hawaiian / Other Pacific Islander		
		O	Prefer Not to Answer/Other (specify)		

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### PARTICIPATION AGREEMENT

In exchange for permission to use these facilities, participate in WPCRC Programming, and/or transportation, I agree that I will be liable to and will indemnify, defend and hold harmless the City of Madison and its officers officials, agents, and employees against all loss or expense (including liability costs and attorney fees) by reason of any claim or suit, or of liability imposed by law upon the City or its agents or employees for damages because of bodily injury including death at any time resulting wherefrom, sustained by any person or persons or on account or damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from me or my family member's act or omission in attending and using these facilities, participating in WPCRC Programming, and/or transportation, whether caused by or contributed to by the City or its agents or employees. I agree that I and my family members will abide by all WPCRC rules and regulations. I understand that photographs/videos taken of recreation programs may be used by the City of Madison Parks Department. I also understand that the City of Madison, does not provide any kind of medical coverage for me or my family. I agree by signing this document that the above still applies for any and all renewals.

Adult #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ALL ADULTS ARE REQUIRED TO SIGN IF OVER 18 YEARS OF AGE

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Signature for CC: \_\_\_\_\_

Credit card not required. Cash or check accepted at the facility. When complete bring in or email to: [wpcrcmembership@cityofmadison.com](mailto:wpcrcmembership@cityofmadison.com)