

**Warner Park Community Recreation Center**  
ID CARDS ONLY



FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
(must be 18 years of age)

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

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

Email address: \_\_\_\_\_

<p><b>Race (individuals)</b> Asian = <b>A</b> Asian &amp; White/Caucasian = <b>AW</b> Am. Indian/Alaskan/Native &amp; White/Caucasian = <b>IALW</b> Am. Indian/Alaskan &amp; Black /African American = <b>IALB</b> American Indian/Alaskan Native = <b>IAL</b> Native Hawaiian/Other Pacific Islander = <b>HP</b></p>	<p><b>Race (individuals)</b> Black/African American &amp; White/Caucasian = <b>BW</b> Black/African American = <b>B</b> White/Caucasian = <b>W</b> Hispanic = <b>EH</b> Other = <b>O</b></p>
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Individuals or Family Members	Gender F/M	Date of Birth	Race
1)			
2)			
3)			
4)			
5)			

**PARTICIPATION AGREEMENT**

In exchange for permission to use these facilities, 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 my act or omission in attending and using these facilities, whether caused by or contributed to by the City or its agents or employees. I agree that I 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PARTICIPANT/PARENT/LEGAL GUARDIAN = 18 years of age or more.



Family of 3 →  
Family of 4 →

<p><b>Resident</b> Individual \$5 Family \$10 Family of 4 or more = \$3 p/person</p>	<p><b>Non-Resident</b> Individual \$15 Family \$25</p>	<p>Cash, Check or Visa/Mastercard <b>Checks payable to:</b> City Treasurer</p>
<p><b>Resident Renewal</b> Individual = \$5 Family = \$10</p>	<p><b>Non-Resident Renewal</b> Individual = \$15 Family = \$25</p>	

## Collection of Important Data for WPCRC

The City of Madison Community Development Block Grant has made available 70% of the financing for the WPCRC. In order to document that benefits are received by the target population defined by the Federal Department of Housing and Urban Development, it's required that you review and complete the income and residency limits stated on this form. We appreciate your support. All income levels are confidential.



# of family members

### 2009 HUD INCOME INFORMATION

1	<input type="checkbox"/> \$0 - \$16,800	<input type="checkbox"/> \$16,801 - 28,000	<input type="checkbox"/> \$28,001 - 44,800	<input type="checkbox"/> \$44,801 & over
2	<input type="checkbox"/> \$0 - \$19,200	<input type="checkbox"/> \$19,201 - 32,000	<input type="checkbox"/> \$32,001 - 51,200	<input type="checkbox"/> \$51,201 & over
3	<input type="checkbox"/> \$0 - \$21,600	<input type="checkbox"/> \$21,601 - 36,000	<input type="checkbox"/> \$36,001 - 57,600	<input type="checkbox"/> \$57,601 & over
4	<input type="checkbox"/> \$0 - \$24,000	<input type="checkbox"/> \$24,001 - 40,000	<input type="checkbox"/> \$40,001 - 64,000	<input type="checkbox"/> \$64,001 & over
5	<input type="checkbox"/> \$0 - \$25,900	<input type="checkbox"/> \$25,901 - 43,200	<input type="checkbox"/> \$43,201 - 69,100	<input type="checkbox"/> \$69,101 & over
6	<input type="checkbox"/> \$0 - \$27,850	<input type="checkbox"/> \$27,851 - 46,400	<input type="checkbox"/> \$46,401 - 74,250	<input type="checkbox"/> \$74,251 & over
7	<input type="checkbox"/> \$0 - \$29,750	<input type="checkbox"/> \$29,751 - 49,600	<input type="checkbox"/> \$49,601 - 79,350	<input type="checkbox"/> \$79,351 & over
8	<input type="checkbox"/> \$0 - \$31,700	<input type="checkbox"/> \$31,701 - 52,800	<input type="checkbox"/> \$52,801 - 84,500	<input type="checkbox"/> \$84,501 & over

Emergency Contact _____ Phone _____ Relationship _____
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Census Tract # \_\_\_\_\_