



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: _____

Please **DO NOT** send WPCRC email updates Email Address: _____

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

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

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

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. 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