MARINWOOD CAMPS REGISTRATION FORM

775 Miller Creek Road, San Rafael, CA 94903; Phone: (415) 479-0775; Fax: (415) 479-7759

Child's Name - first & last	Child's DOB	List Camp Name & or Before/After Care	List Session #'s of Camp & or Before/After Care	Fee
		1.		
If registering for Camp Pine Cone, please check appropriate boxes: M/W/F ☐ T ☐ 9:00 am-12:00 pm ☐ M-F ☐ TH ☐ 9:00 am-3:00 pm ☐		2.		
		3.		
FULL PAYMENT DUE AT TIME OF REGISTRATION REFUNDS: Cancellations made more than one week prior to camp will result in a $25 (B&A Care $5) per sess., per camper fee. Cancellations made less than one week prior to camp will result in forfeiture of half the camp (B&A care) fee, per sess., per camper. No refunds once a session has begun.		Save $10/sess. off if camper is a 2010 pool member. Camper's Name on membership: _____ _____ $10 x ____ sessions = *(valid for Full-Day, Full-Week Day Camps only. Does not apply to Specialty Camps.)*		-
		"Help a Camper" Scholarship Fund (optional)		+ $1.00
			TOTAL FEES $	

PRIMARY ADULT CONTACT:

Last Name _____ **First Name** _____

Residence Address _____ **City** _____ **State/Zip** _____

Home Phone _____ **Cell Phone** _____

Emergency Contact & Phone: _____

Additional Information (drug, food, bee sting allergies or special needs/accommodations) Describe below:

_____

If you would like a receipt, info. on upcoming events/programs, please provide email: _____

How did you hear about this program?

☐ **Marinwood Review** ☐ **Marinwood Website** ☐ **Facebook/Twitter** ☐ **Flyer** ☐ **Email** ☐ **Referral**

☐ **Search Engine (please specify)** _____ ☐ **Banner/Sign Board** ☐ **Other (please specify)** _____

☐ **Other Publication (please specify)** _____

I hereby agree to indemnify and hold harmless the Marinwood Community Services District and its officers, employees and volunteers from and against any and all liability for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. I recognize that bodily injury may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury. In case of emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in the Marinwood Review brochure or publicity.

Signature **Parent** ☐ **Guardian** ☐ **Date**

The Marinwood CSD programs and facilities are available to the public without regard for race, color, national origin, or disability. Any individual that believes he/she has been subjected to discrimination, may file a complaint alleging discrimination with the Marinwood CSD to U.S. Dept. of Interior, Washington D.C., 20240.

☐ **Cash** ☐ **Check (payable to MCSD)**

Credit Card Authorization ☐ **Visa** ☐ **Mastercard** ☐ **American Express**

Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiration Date** ☐☐ - ☐☐

Billing Zip Code: ☐☐☐☐☐

_____

Authorized Signature (as shown on credit card)