MARINWOOD RECREATION REGISTRATION FORM

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

PARTICIPANT'S NAME - First & Last	Child's DOB	ACTIVITY	ACTIVITY DATES	FEE
1 .				
2 .				
3 .				
			TOTAL FEES $	

All registrations are on a first-come, first-serve basis. Registrations can be made in person, by mail or by fax (with Visa, Matercard or American Express), along with a completed registration form. Upon receipt of your registration form and payment, you will be automatically registered unless notified that a class is full or canceled, in which case a full refund will be granted. Refunds, less $10 processing fee, will be issued if class is canceled two business days prior to the first day of class. No refunds on or after the first class. Special programs may have different refund policies. Please check with department staff when registering.

PRIMARY ADULT CONTACT:

Last Name First Name

Residence Address City State/Zip

( ) ( )

Home Phone Cell Phone

( )

Emergency Contact: First Name Last Name Telephone #

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

If you would like a receipt, info. on upcoming events & programs at Marinwood, please provide your email address.

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: Visa ☐ Mastercard ☐ American Express ☐

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

Billing Zip Code: ☐☐☐☐☐

Authorized Signature (as shown on credit card)