

MARINWOOD COUNSELOR IN TRAINING (CIT) REGISTRATION FORM

775 Miller Creek Road, San Rafael, CA 94903

Phone: 415-479-0775; Fax: 415-479-7759

www.marinwood.org

Section I: Participant Information

Name: _____ I Prefer to be called: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Email _____

Allergies or special needs/accommodations?: _____ How did you hear about our program? _____

Emergency Contact (other than parent): _____ Phone _____

Primary Adult Contact:

Name: _____ Relationship to Swimmer: Parent Other

Address (if different from above): _____ City _____ State _____ Zip _____

Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Section II: Counselors in Training (CIT) Registration

Activity Name: CIT

Session & Camp: _____

Session & Camp: _____

Session & Camp: _____

Session & Camp: _____

Session & Camp: _____

Session & Camp: _____

FEES: \$ \$118/session (\$98 – sess. 3)

***Bumblebee \$83/session (\$73- Sess. 3)**

TOTAL FEES: \$ _____

Refunds: Email requests to csd@marinwood.org. Cancellations a week or more in advance will require a \$10 processing fee. No refunds or credits for missed classes.

I hereby agree to indemnify and hold harmless the Marinwood Community Services District (MCSD) 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 activity(s) 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. 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.

Signature: _____ Date: _____

Cash Check (payable to MCSD) Visa MasterCard American Express

Credit Card No: _____ Exp. Date: _____

Billing Address & Zip Code: (if different from above) _____