

TAKE ONE!

GIT Registration Packet

You can mail, drop off, or fax forms and payment to Marinwood.

To register for GIT, please complete a registration form

- Session dates
- Your information
- Parent signature
- \$115 / per session (\$95 session 4)

Want more weeks?

If you would like to register for more weeks and a spot is open, please email Luke @ lfretwell@marinwood.org. No guarantees, as this is a first come-first served basis.

For your records, write your session dates here: _____

Marinwood Recreation Department
775 Miller Creek Rd, San Rafael 94903
Fax: 479-7759 – phone: 4798-0775 – website: www.marinwood.org

MARINWOOD GUARDS IN TRAINING (GIT) 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: Guards in Training (GIT) Registration

Activity Name: GIT

Session #'s: _____

FEES: \$ \$115/session (\$95 – sess. 4)

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: _____ 3-Digit Security Code: _____

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

GIT Information Sheet – for parents to complete

Please complete this form to help our staff get to know your GIT.

GIT Name: _____

Allergies: _____

Foods to avoid: _____

Medical information we should know: _____

Discipline issues: _____

Pick up after camp: please select one

_____ Parent/guardian will pick up

_____ OK for GIT to leave on his/her own

_____ Someone other than Parent/guardian will pick up. Name and phone of this person:

Weekly Lunch Walk Permission

I give my child permission to walk to Marinwood Market for lunch with the Guards in Training camp once a week (day to be announced on the first day of each session) for any weeks my child is enrolled in the 2017 GIT program. The Wednesday lunch walk will take place once a week from 11:30am-1:00pm most weeks of the summer.

Best phone number to contact you during the camp day: _____

Other numbers to reach you: _____

Parents/guardians name: _____

Notes: _____

Parent Signature: _____ **Date:** _____