

**MARINWOOD SUMMER CAMP REGISTRATION FORM**  
 775 Miller Creek Road, San Rafael, CA 94903  
 Phone: 415-479-0775; Fax: 415-479-7759; www.marinwood.org

**Section I: Camper Information**

Name: \_\_\_\_\_ I Prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please provide your email address (all receipts will be emailed):** \_\_\_\_\_

Person (other than parent) to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or special needs/accommodations: \_\_\_\_\_

**Section II Primary Adult Contact**

Name: \_\_\_\_\_ Relationship to Camper:  Parent  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Section III Camp Registration**

Choose the following if your child is in one of the following: **(PINE CONE-days/times) or (BUMBLEBEE-days):**

M-F  MWF  T  TH  9am-12pm(for Pine Cone)  9am-3pm(for Pine Cone)

Camp Name: \_\_\_\_\_ List Session #'s: \_\_\_\_\_ Fee(s): \$ \_\_\_\_\_

Camp Name: \_\_\_\_\_ List Session #'s: \_\_\_\_\_ Fee(s): \$ \_\_\_\_\_

Before and/or: \_\_\_\_\_ List Session #'s: \_\_\_\_\_ Fee(s): \$ \_\_\_\_\_  
 After Care

Save \$15/sess. if camper is a 2016 MW Pool member **(must be pool member prior to registration)** Less: \$ \_\_\_\_\_  
*(only valid for M-F, 9-3 camps and does not apply to Specialty Camps)*

Would you donate a \$1 to the "Help a Camper" Scholarship Fund?  Yes  No Fee: \$ \_\_\_\_\_

**TOTAL FEES: \$ \_\_\_\_\_**

Full payment is 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 session, per camper fee. Cancellations made less than one week prior to camp will result in forfeiture of half the camp (before/after care) fees. No refunds as of the first day of camp.

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  Discover

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code \_\_\_\_\_

Billing Address & Zip Code: *(if different from above)* \_\_\_\_\_