

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)** or **(BUMBLEBEE)**:

M-F MWF T/TH

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 \$20/sess. if camper is a 2017 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)* _____