

**MARINWOOD SWIMMING LESSON 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: Swim Lesson Registration**

**GROUP LESSONS** (\$69/session; \$55 pool member)

Step 1: Check your child's current swim level (we will automatically update their enrollment as they progress):

Level 1 Guppy  Level 2 Sea Horse  Level 3 Otter  Level 4 Sting Ray  Level 5 Shark

Step 2: Check your timeslot:  9:15-9:45am  9:50-10:20am  6:15-6:45pm (sessions 5-9 only)  6:50-7:20pm (sessions 5-9 only)

Step 3: List the session #'s (1-9): \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**PRIVATE LESSONS**

**WEEKDAY PRIVATES** (M-F, 25 minutes) \$145/wk; \$130 (member)

Timeslot (any half hour between 12:30pm & 5:30pm): \_\_\_\_\_ Session #'s (1-10): \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**WEEKEND PRIVATES** (25 minutes):  Sat 11:00  Sun 11:00 **Dates:** \_\_\_\_\_  
\$29/lesson; \$26 (member) 11:30 11:30 \_\_\_\_\_  
12:00 12:00 \_\_\_\_\_

Fee: \$ \_\_\_\_\_

**Danaz Salak Swim Scholarship**

Would you like to donate \$2 to the Danaz Salak Swim Scholarship and help

offer swim lessons to kids who would not be able to participate otherwise?  Yes  No Fee: \$ 2.00

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

**Refunds:** Email requests to [csd@marinwood.org](mailto: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: \_\_\_\_\_