

MARINWOOD RECREATION 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: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Date of Birth (if minor): _____

How did you hear about this program? _____

Person to contact in case of emergency _____ Phone _____

If you would like a receipt emailed to you, please provide your email address: _____

Would you like to receive information on upcoming events & programs at Marinwood? Yes No

Please list any allergies or special needs/accommodations: _____

Section II Primary Adult Contact (if different from above)

Name: _____ Relationship to Participant: Parent Other

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Section III Activity Registration

Activity Name: _____ Date of Activity: _____ Fee: _____

Activity Name: _____ Date of Activity: _____ Fee: _____

TOTAL FEES: \$ _____

All registrations are on a first-come, first-serve basis. Registrations can be made online at www.marinwood.org. Registrations can also be made in person, by mail or fax (with Visa, Mastercard, American Express), along with a completed registration form. Upon receipt of your registration form and payment, you will be registered for the class unless notified that a class is full or canceled, in which case a full refund will be granted. Refunds, less \$10 processing fee, will be issued if class is canceled two business days prior to the first day of class. No refunds on or after the first class. Special programs may have different refund policies. Please check with department staff when registering.

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) _____