



MARINWOOD RECREATION DEPARTMENT

775 Miller Creek Road, San Rafael, CA 94903

Phone: 415-479-0775; Fax: 415-479-7759; www.marinwood.org

SUMMER CAMP REGISTRATION FORM 2024

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

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

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

TOTAL FEES: \$ _____

Full payment is due at time of registration.

In consideration of accepting this registration and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) Marinwood Community Services District (MCSD) and its officers, clients, agents, employees and volunteers from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), arising out of or in any way related or connected to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous, and as a result of signing below, I am voluntarily accepting those risks for myself and for any minor participants for whom I can contract. I give permission to MCSD to take photographs of me or my children while participating in this activity for use in future MCSD publicity and understand that I will not receive any compensation for such use. In case of emergency, my child may be treated by a qualified physician. The MCSD 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 MCSD 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) _____