

**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 2026****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 CareWould 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 &amp; Zip Code: (if different from above) \_\_\_\_\_