



Marinwood Community Center
775 Miller Creek Road, San Rafael, Ca 94903
Ph: (415) 479-0775 www.marinwood.org

2021 SWIM LESSON REGISTRATION FORM

Participant Information:

Name: _____ I Prefer to be called: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Allergies or special needs/accommodations?: _____

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: _____

SUMMER WEEKDAY PRIVATE LESSONS (M-F, 25 minutes)

Timeslot (any half hour between 2:30pm & 5:00pm): _____ Session #'s (1-9): _____ Fee: \$ _____

SPRING WEEKEND PRIVATE LESSONS (Sat./Sun., 25 minutes)

Timeslot (1:00pm or 1:30pm): _____ Dates: _____ Fee: \$ _____

SUMMER WEEKEND PRIVATE LESSONS (Sat./Sun., 25 minutes)

Timeslot (12:15, 12:45, or 1:15pm): _____ Dates: _____ Fee: \$ _____

Would you like to donate to the Danaz Salak Swim Scholarship Donation to help a child learn to swim? Donation: \$ _____

TOTAL FEES: \$ _____

Refunds: Email requests to csd@marinwood.org. Cancellations made more than one week (6 business days) in advance will result in a \$10 cancellation fee. Cancellations made less than one week (6 business days) will result in forfeiture of half the swim lesson fee. No refunds or credits for missed classes.

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

Credit Card No: _____ Sec. Code: _____ Exp. Date: _____

Billing Address & Zip Code: (if different from above) _____