MARINWOOD RECREATION Department
775 Miller Creek Road, San Rafael, CA 94903
Phone: 415-479-0775; Fax: 415-479-7759
www.marinwood.org

Recreation Registration Form

Participant Information:

Name:_____ I Prefer to be called: _____

Address:_____City:_____State:_____Zip_____

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

Email address: _____

How did you hear about this program? _____

Person to contact in case of emergency_____ Phone_____

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

Please list any allergies or special needs/accommodations: _____

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.

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: _____ Exp. Date: _____

Billing Address & Zip Code: *(if different from above)* _____Security Code (3 digits) _____