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 2026

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: $_____

I hereby agree to indemnify and hold harmless the Marinwood Community Services District 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 program noted. 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 photography 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.

I have carefully read and voluntarily sign this agreement. I understand the terms of this Agreement and agree to its terms.

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) _____