

# RECREATION REGISTRATION FORM

Use this form to register for all activities. Please use ONE FORM per participant.

**LARKSPUR RECREATION DEPARTMENT**

Hours: Mon-Thurs: 9 AM-12 PM & 1-5 PM (closed F, Sat, Sun)  
 240 Doherty Drive, Larkspur, CA 94939  
 Phone: (415) 927-6746 • Fax: (415) 927-6758  
 Email: lk\_recreation@cityoflarkspur.org

**CORTE MADERA RECREATION DEPARTMENT**

Hours: Mon-Thurs: 8 AM-5 PM (closed F, Sat, Sun)  
 498 Tamalpais Drive, Corte Madera, CA 94925  
 Phone: (415) 927-5072 • Fax: (415) 927-7138  
 Email: recreation\_dept@ci.corte-madera.ca.us

Participant \_\_\_\_\_  
First Name Last Name

Participant's birthdate \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street/PO Box City Zip

Contacts \_\_\_\_\_  
Home Phone Cell Phone Work Phone Email

(1) \_\_\_\_\_  
Emergency Contact #1 Name Contact #1 Phone

(2) \_\_\_\_\_  
Emergency Contact #2 Name Contact #2 Phone

ACTIVITY/COURSE NAME	CODE	COURSE DATE(S)	COST
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**TOTAL DUE:** \_\_\_\_\_

**AGREEMENTS**

*By signing below, I agree to ALL of the following for the registered participant, unless the opt-out box is checked.*

- **In the event of an emergency**, if my designated emergency contacts cannot be reached, I give permission to the Recreation Department to obtain medical treatment for the registered participant.
  - **"Hold Harmless" Release:** I do hereby release the City or Town, its agents and employees, from any and all claims for damages or injuries received while participating in activities of the Recreation Department.
  - **Photo Release:** I agree to allow the use of the registered participant's image, which may be captured through video, photo, digital camera or other media for promotional materials for the Recreation Department.
- Opt Out:** I do NOT give permission for participant's image to be used by the Recreation Department.

**DISABILITY:** Please check here if participant requires assistance due to a special need or disability.

X \_\_\_\_\_  
Parent/guardian/participant signature Date

Print name \_\_\_\_\_

**PAYMENT**

- Cash
- Check payable to "City of Corte Madera"
- Check payable to "City of Larkspur"
- VISA/Mastercard

\_\_\_\_\_ VISA/Mastercard number    \_\_\_\_\_ Expiration date    \_\_\_\_\_ CVV

\_\_\_\_\_ Name on card (print)

**School Information**

School \_\_\_\_\_

Classroom #/Teacher \_\_\_\_\_

POST-CLASS DESTINATION:

- Marin Enrichment
- Twin Cities Children's Center
- Pick up