Adult/Guardian Information (Please Print)	
Main Contact:	2nd Adult Name:
Home: Work: Cell:	Home: Work: Cell:
Address:	Address:
City, State, Zip:	City, State, Zip:
Email:	Email:

Mail to:
MVPR
180 Camino Alto
Mill Valley, CA
94941
Fax to:
(415) 383-1377

Participant Name	Birthdate (under 18)	Male/ Female	1st Choice Class Title / Dates	Course #	2nd Choice Class Title / Dates	Course #	Fee

☐ My Address/Info has recently changed

Scholarship Fund Donation Amount: _____

Total Fees: _____

Be sure to read and sign below: I hereby agree to indemnify and hold harmless the City of Mill Valley and its officers and employees from and against any and all liabilities 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 above. In case of emergency, my child maybe treated by a qualified physician. I give permission to use mine or my child's photograph in Mill Valley Recreation brochures or publicity.

Signature: _____ **Date:** _____

Must sign to register.

☐ Please check here if you require special assistance to maximize your participation. You will be contacted.

REFUND POLICY
PLEASE READ BEFORE SIGNING.

You can register 24/7 at www.MillValleyCenter.org

PAY BY:
- o Cash
- o Check Payable to MVPR
- o MasterCard
- o Visa
- o Discover
- o Amex

Cardholder Name (as it appears on card): _____

Credit Card #: _____ Exp. Date: _____ V-Code: _____

Office Use Only	Fee Paid	Registrar	Date Processed	COA	Cash	Check #	Credit Card	Mill Valley Recreation Phone: **(415) 383-1370**