Mill Valley Parks & Recreation Registration Form

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		2nd Choice Class Title/Dates	Course #	Fee

☐ **My Address/Info has recently changed**

Scholarship Fund Donation Amt:
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 may be 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.

REFUND POLICY
PLEASE READ BEFORE SIGNING.
SEE PAGE 2

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

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

PAY BY: ❏ Cash ❏ Mastercard ❏ Check ❏ Visa
Payable to MVPR

Cardholder Name (as it appears on card): _____

MasterCard or Visa #: _____ Exp. Date: _____

Office Use Only	Fee Paid	Registrar	Date Processed	COA	Cash	Check #	Visa	MC	Mill Valley Parks & Recreation Phone: (415) 383-1370