MILL VALLEY REGISTRATION FORM

Mill Valley Recreation Phone: (415) 383-1370	Mill Valle	Credit Card	Check #	Cash	COA	Date Processed	Registrar	Fee Paid	Office Use Only
V-Code:	Exp. Date:	Ex		Cardholder Name (as it appears on card): Credit Card #:	Cardholder Name (terCard over	Cash o Maste Check o Visa Payable to MVPR o Discov o Amex	o Cash PAY BY: o Check Payable	PAN
		tion.org		You can register 24/7 at www.Millvalleyrecrea	:an register 24	You			
POLICY FORE SIGNING.	REFUND POLICY PLEASE READ BEFORE SIGNING		e contacted.	Signature: Date: Must sign to register. ■ Please check here if you require special assistance to maximize your participation. You will be contacted.	aximize your par	Must sign to register. Decial assistance to m	Must	se check here if y	□ Please c
and all li- In case of publicity.	om and against any ogram noted above. eation brochures or	s and employees fr icipation in the pro in Mill Valley Recru	and its officers cted with parti I's photograph	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.	nd hold harmless child arising out c give permission t	ee to indemnify a I by me or by my lified physician. I	elow: I hereby agr ich may be suffered be treated by a qua	to read and sign b for any injury wh ncy, my child mayk	Be sure abilitie emerge
Total Fees:									
วก Amount:	Scholarship Fund Donation Amount:	Schola				yed	■ My Address/Info has recently changed	Address/Info ha	□
Course # Fee	2nd Choice Class Title / Dates	2nd Choice C	Course #	1st Choice Class Title / Dates		Birthdate Male/ (under 18) Female		Participant Name	
				Email:					Email:
Fax to: (415) 383-1377				City, State, Zip:				City, State, Zip:	City, 9
94941				Address:				ess:	Address:
180 Camino Alto		Cell:	Work:	Home:		Cell:	Work:		Home:
Mail to:				2nd Adult Name:				Main Contact:	Main
:				Adult/Guardian Information (Please Print)	uardian Inform	Adult/G			