

# STRAWBERRY RECREATION DISTRICT

118 East Strawberry Dr./ Mill Valley, CA 94941-2594  
 Tel # (415) 383-6494 / FAX # (415) 383-6635 Web: strawberry.marin.org / email: Admin@strawberryrec.org

## REGISTRATION AND WAIVER FORM

Participant's Name	Birth date (under 18)	Male/ Female	1 <sup>st</sup> Choice Activity/ Dates/ Times	Fees

**TOTAL FEES:** \_\_\_\_\_

**Adult/ Guardian Contact Information:**

Main Contact (first name)	(last name)	Email:	Home Telephone:	Cell Phone:
Address:	City:	Zip Code:		

2 <sup>nd</sup> contact (first name)	(last name)	Email:	Home Telephone:	Cell Phone:
Address:	City:	Zip Code:		

Emergency Contact (first name)	(last name)	Email:	Home Telephone:	Cell Phone:
Address:	City:	Zip Code:		

Would you like to receive email updates about upcoming programs, registration information, events and more?      YES     NO

Change in my previous address /information

Please check here if you require special assistance to maximize your participation or call (415)383-6494 for assistance.

**POLICIES: Register BY FAX (415)383-6635, IN-PERSON / BY MAIL at 118E Strawberry Drive, Mill Valley, CA 94941.** A complete form and payment must be received in order to process registration. All activities, dates, and fees are subject to change. Programs may be cancelled if minimum enrollment is not met. Participants may not make-up classes that have been missed. Returned checks will incur a \$20. service charge.

**CANCELLATION/ REFUND POLICY:** Cancellations before the start of each program or session will result in a \$25.00 handling fee per person. SRD Camp Refund Policy- 50% refund if requested after June 5. NO REFUNDS will be issued once a program, camp or session has begun. Full refunds will be given for classes cancelled by SRD.

**WAIVER: I hereby agree to indemnify and hold harmless the Strawberry Recreation District (SRD), its employees, agents, officers, directors, taxpayers and residents against any and all liabilities for any damage or injuries which may be suffered by myself, my child, or my ward, arising out of or in any way connected with classes, special events, programs, athletic passes or facility rentals, including injuries related to the active or passive negligence of the SRD, its officers, and employees. I hereby assume all the risks for injury and damage to property suffered by myself, my child, and/or my ward. I further agree with the Strawberry Recreation District that this Agreement, Waiver, Release and Assumption of all risks in connection with the above activity shall be binding on my heirs, successors, and assigns. In case of emergency, I or my child may be treated by a qualified physician. PHOTOS: Strawberry Recreation District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Strawberry Recreation District and may be used for publicity or promotional purposes only.**

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND FOR ANY FUTURE LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STRAWBERRY RECREATION DISTRICT AND I EXECUTE SAME OF MY OWN FREE WILL.**

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION:**

Check (payable to SRD): \_\_\_\_\_ Cash: \_\_\_\_\_ Bank Card: \_\_\_\_\_ Bank card #: \_\_\_\_\_  
 Name Printed on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date received: _____	Fee(s) paid \$ _____	Received by: _____
Check #: _____	Cash: _____	Visa Card: _____	Master Card: _____