

REGISTRATION FORM – USE THIS FORM TO REGISTER FOR ALL ACTIVITIES

240 Doherty Drive, Larkspur, CA 94939 – LARKSPUR RECREATION DEPARTMENT – Phone (415) 927-6746 – Fax (415) 927-6758

Participant's Name _____ If under 18, participant's birthdate _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____ Email _____

Emergency contacts and phone numbers (1) _____ (2) _____

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

Method of payment: Cash Check VISA/Mastercard Exp. Date _____

PLEASE MAKE CHECKS PAYABLE TO
"CITY OF LARKSPUR"

Card # _____
Name on card (print) _____

TOTAL DUE:

IF REGISTERING FOR A CHILD OR TEEN, an adult/parent must sign: In the event of an emergency when I cannot be reached, I give permission to Larkspur Recreation Department to obtain medical treatment for my child.

Parent/guardian signature _____ Print name _____ Date _____

PLEASE SIGN: I do hereby release the City of Larkspur, its agents and employees, from any and all claims for damages or injuries received while participating in activities of the Recreation Department.

X _____ Print name _____ Date _____