



LARKSPUR RECREATION ★ SUPER COOL SUMMER SCHOOL REGISTRATION FORM

RETURN FORMS to the Larkspur Recreation Dept.

- EMAIL: scssmarin@gmail.com
- US MAIL or IN PERSON: 240 Doherty Dr., Larkspur, CA 94939
- QUESTIONS? Call (415) 927-6746

- STEP 1** *If new, CREATE A MEMBER PROFILE* on Larkspur RecDesk (<https://larkspur.recdesk.com>). Once you create your profile, click the button "View Profile or Add Family Members" to see the RecDesk ID and/or add additional children. **ID Numbers MUST be put in the space provided.**
- STEP 2** **COMPLETE THIS FILLABLE FORM.** Use a separate form for each child. *DO NOT print and fill in by hand.*
- STEP 3** **SAVE** (for email) and/or **PRINT** (for mail or drop-off) **COMPLETED FORM.**
- STEP 4** **SUBMIT** to Larkspur Recreation by EMAIL (scssmarin@gmail.com), MAIL or IN PERSON (240 Doherty Dr., Larkspur 94939).
- STEP 5** **PAY THE INVOICE** e-mailed to you within two business days from the time you submit. This invoice will come from "RecDesk" and may end up in your Junk folder.



WEB ADDRESS to get forms? <https://larkspur.recdesk.com/Community> • NEED HELP? Call or drop by the Larkspur Recreation Dept.

STUDENT NAME: _____ BIRTHDATE: _____ GRADE IN FALL: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____ STUDENT'S GENDER (CIRCLE): M F

EMAIL: _____ PHONE 1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____

OTHER EMERGENCY CONTACT NAME & PHONE NUMBER: _____

PHYSICIAN & PHONE NUMBER: _____

ALLERGIES, MEDICAL CONDITIONS OR OTHER ISSUES _____
(see "Allergies & Special Conditions" on page 3)

SCHOOL CURRENTLY ATTENDING: _____ SCHOOL IN FALL: _____ AGE AT START OF SCSS: _____

RELEASES: IN THE EVENT of an emergency when I cannot be reached, I give permission to Larkspur Recreation Summer School to obtain medical treatment for my child.

- I hereby release the City of Larkspur, its agents and employees from claims for damages received while participating in Recreation Department activities.
- I understand that there will be NO REFUND unless a class is cancelled.
- We may take photographs of class activities. Photos become the property of Larkspur Recreation Summer School and may be published in future media.

PARENT/GUARDIAN (please print) _____ CHECK if you do NOT want your child photographed.

SIGNATURE: X _____ DATE: _____

SESSION I

PER.	ROOM	TIME (note times!)	FIRST CHOICE Class Title	FEE	SECOND CHOICE Class Title*	FEE
1	_____	9:00–9:55	_____	_____	_____	_____
2	_____	10:00–10:55	_____	_____	_____	_____
3	_____	11:10–12:05	_____	_____	_____	_____
4	_____	12:10–1:05	_____	_____	_____	_____
FIRST SESSION FIRST CHOICE SUBTOTAL				_____	*If you do not indicate a second choice, your application may end up being considered last.	

SESSION II

PER.	ROOM	TIME (note times!)	FIRST CHOICE Class Title	FEE	SECOND CHOICE Class Title*	FEE
1	_____	9:00–9:55	_____	_____	_____	_____
2	_____	10:00–10:55	_____	_____	_____	_____
3	_____	11:10–12:05	_____	_____	_____	_____
4	_____	12:10–1:05	_____	_____	_____	_____
SECOND SESSION FIRST CHOICE SUBTOTAL				_____	*If you do not indicate a second choice, your application may end up being considered last.	

YES! I'd like to make a donation to the SCSS Scholarship fund (amount) _____

First Session + Second Session + Donation = FIRST CHOICE TOTAL _____

PAYMENT OPTIONS:

- PAY THIS AMOUNT!**
- PLEASE BILL ME via e-mail for the total amount. I understand my form will not be processed until I've paid the invoice.
- I'VE INCLUDED A CHECK for the total amount. *Make checks payable to "CITY OF LARKSPUR"*