



# LARKSPUR RECREATION ★ SUPER COOL SUMMER SCHOOL REGISTRATION FORM

## LARKSPUR RECREATION DEPT.

- PHONE: (415) 927-6746
- MAIL or IN PERSON:  
240 Doherty Dr., Larkspur 94939

- 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](mailto:scssmarin@gmail.com)), **MAIL** or **IN PERSON** (240 Doherty Dr., Larkspur 94939).

RecDesk ID#

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): F M  
 EMAIL: \_\_\_\_\_ PHONE 1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_  
 OTHER EMERGENCY CONTACT NAME & PHONE NUMBER: \_\_\_\_\_  
 PHYSICIAN & PHONE NUMBER: \_\_\_\_\_  
 ALLERGIES, MEDICAL CONDITIONS OR OTHER ISSUES (see page 1 "Allergies & Special Conditions") \_\_\_\_\_  
 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	_____	_____	_____	_____
<b>FIRST SESSION FIRST CHOICE SUBTOTAL</b>				_____		

\*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	_____	_____	_____	_____
<b>SECOND SESSION FIRST CHOICE SUBTOTAL</b>				_____		

\*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** \_\_\_\_\_

**PAY THIS AMOUNT!**

METHOD OF PAYMENT:  CASH  CHECK  VISA/MC EXP. DATE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_

Make checks payable to: "CITY OF LARKSPUR"

ACCOUNT NO: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_