

Alameda Recreation and Park Department  
(510) 747-7529—[arpd@alamedaca.gov](mailto:arpd@alamedaca.gov)

# Volunteers Needed!

Teen groups/clubs and individuals (6th-12th Grades) are needed to assist in planning, creating and working at the:

12th Annual

## 2015 TEEN HAUNTED HOUSE

You will have the opportunity to have fun, meet new friends and earn community service hours while creating an awesome Haunted House for the Alameda community. The schedule for Haunted House Volunteers is listed below. A short-term commitment is required to ensure the success of this event. All proceeds will benefit the ARPD Teen Programs.



Questions? Please contact Shawn Smith, Recreation Services Specialist, at (510) 747-7555 or e-mail him at [sdsmith@alamedaca.gov](mailto:sdsmith@alamedaca.gov)

### **Veteran's Building, 2203 Central Ave, Room 390**

- 1st Meeting—Wednesday, September 16—4:30-5:30 p.m.
- 2nd Meeting—Wednesday September 23—4:00-5:00 p.m.
- 3rd Meeting—Wednesday, October 7—4:00-5:00 p.m.

\*If students would like a ride to South Shore Center for the dates below, they need to be at the Underground Teen Center by 3:45 p.m. They are also welcome to go directly to South Shore on their own.

Location for dates below: South Shore Center, Suite 825 (between Daiso Japan and Payless Shoe Source):

- Monday, October 12 (non-school day) - 2:30-6:00 p.m.
- Tuesday, October 13 to Friday, October 16—3:45-6:00 p.m.
- Saturday, October 17—11:00 a.m.-4:00 p.m.
- Monday, October 19 to Thursday, October 22—Times as needed; to be determined

### **Dates and Times of Haunted House:**

- Friday, October 23rd—5:00 p.m.-9:00 p.m.
- Saturday, October 24th—3:00 p.m.-8:00 p.m.
- Sunday, October 25th—3:00 p.m.-7:00 p.m.

*At least one representative from each scene group needs to be present for each time slot of the Haunted House*

Class #16409

Thank You To Our Sponsors:





Alameda Recreation and Park Department

2226 Santa Clara Avenue, Alameda, CA 94501

(510) 747-PLAY • FAX (510) 523-4071 • arpd@alamedaca.gov

Online Registration: www.arpdeplay.com • www.alamedaca.gov/recreation

REGISTRATION FORM

CLASSES & SPORTS

In Person or Mail:
ARPD Main Office
2226 Santa Clara Ave
Alameda, CA 94501
(510) 747-PLAY

SENIOR CENTER
ACTIVITIES/CLASSES

In Person or Mail:
Mastick Senior Center
1155 Santa Clara Ave
Alameda, CA 94501
(510) 747-7500

- Full payment is due at the time of registration. Checks payable to ARPD, Discover, MasterCard or VISA accepted.
• All registrations receive confirmation.
• Withdrawals may be made by phone or in person with a \$15 processing fee. The remainder of fee will be placed as a credit on your account to be used in the future.

PARTICIPANT'S

LAST NAME

FIRST NAME

BIRTHDATE

M/F

GRADE
(IF ANY)

ACTIVITY TITLE

CLASS #

2ND
CHOICE

FEE

Table with 9 columns: LAST NAME, FIRST NAME, BIRTHDATE, M/F, GRADE (IF ANY), ACTIVITY TITLE, CLASS #, 2ND CHOICE, FEE. Contains 4 empty rows for data entry.

MAIN CONTACT/PARENT/GUARDIAN INFORMATION:

TOTAL FEES DUE:

LAST NAME FIRST NAME

Address City Zip

Home Phone ( ) Work Phone ( ) Cell Phone ( )

Email Address

Emergency Contact Name Relationship Phone ( )

Emergency Contact (Other Than Parent) Relationship Phone ( )

Participant's Medical Information/Allergies

LIABILITY WAIVER

- 1. Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

Participant Parent/Guardian

Signature

Date

Check (payable to ARPD)

Discover / VISA / MasterCard #: Exp Date

Name on Card Signature

Address on Card

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.