



STARTING DATE:

48 Hours Advance Notice Required Before Child Starts RAP

Alameda Recreation and Park Department
2226 Santa Clara Ave, Alameda, CA 94501
(510) 747-PLAY • FAX (510) 523-4071
arpd@alamedaca.gov • TAX ID#: 94-6000288

RAP REGISTRATION FORM ALL DAY KINDERGARTEN TO 5TH GRADES

- Single payment OR 1st Installment is due at the time of registration
It is your responsibility to make all payments by due dates listed on the RAP flyer (see website listed below)
All payments made after due dates will be automatically charged a \$30 late fee
Checks (payable to ARPD), Discover, MasterCard, Visa Cards accepted
All registrations receive confirmation
Activity withdrawals will be charged a \$15 processing fee; the remainder of your fee will be placed on your ARPD account for any future ARPD program
RAP PARENT HANDBOOK AND RAP FLYER are available online at www.alamedaca.gov/recreation in order for you to become familiar with RAP Policies and Procedures and Payment Due Dates

Table with columns: Child's Name, Birthdate, Age, Grade, Child's School, Child's RAP Site, Days Attending RAP Per Week. Includes checkboxes for Boy/Girl and attendance options (5, 3, or 2 days).

My Child May Leave RAP Site (Select One):

Only With Listed Authorized Pick Up Person(s) Listed Below OR By Checking Self Out At: Time P.M.

List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:

Child's Medical Information/Allergies/Dietary Restrictions:

PARENT/GUARDIAN CONTACT INFORMATION:

Last Name First Name

Address City Zip

Phone Home Work Cell

Email Address

Emergency Contact Name Relationship Phone

Emergency Contact (other than parent) Relationship Phone

Name of Child's Insurance Company Policy Number

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.

Signature Date Parent/Guardian

AMOUNT ENCLOSED: \$ Single Payment OR Installment-If you do not indicate, Single Payment will be charged
All payments made after due dates will be subject to \$30 administrative charge - see RAP flyer for due dates

Check (payable to ARPD) Discover VISA MasterCard: Card # 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