16th Annual

"Jungle Safari" Dance Party

For Girls (5-12 Years) and their Fathers or other significant role model

Friday, February 10, 2017
6:00 p.m. to 8:30 p.m.
Albert H. Dewitt Officer's Club
641 West Redline Ave, Alameda Point

ACTIVITIES INCLUDE:

- ◊ DANCING
- ◊ ARTS & CRAFTS
- ◊ HORS D'OEUVRES
- ◊ A SPECIAL MEMENTO FOR THE GIRLS

Cost:
$25 per couple
$15 for each additional daughter
(additional daughter discount not available online so contact ARPD Staff for price adjustment)
Corsages available for $5 each
Pre-order yours today!

Registration begins on Monday, December 5, 2016
Alameda Recreation and Park Department,
2226 Santa Clara Ave, Alameda, CA 94501

Go to: www.alamedaca.gov/recreation for registration form or register online at: www.arpdeplay.com

Deadline: January 20, 2017 or until event sells out so sign-up early!

NO REFUNDS OR CREDITS ISSUED

Co-Sponsored By: arpd girls inc. Of the Island City

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	SENIOR CENTER ACTIVITIES/CLASSES
In Person or Mail: **ARPD Main Office** **2226 Santa Clara Ave** **Alameda, CA 94501** **(510) 747-7529**	**In Person or Mail:** **Mastick Senior Center** **1155 Santa Clara Ave** **Alameda, CA 94501** **(510) 747-7506**

- **Full payment is due at the time of registration.** Checks payable to ARPD, Discover, MasterCard or VISA accepted.
- Withdrawals may be made by e-mail, phone or in person with a $15 processing fee (or otherwise stated). The remainder of fee will be placed as a credit on your account to be used in the future.
- **Parents/Guardians,** there is a late fee of $1 per minute per child for every minute you are late picking up your child/children from programs/classes – payable that day.

PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	BIRTHDATE	M/F	GRADE (IF ANY)	ACTIVITY TITLE	CLASS #	FEE
					TOTAL FEES DUE:		

MAIN CONTACT OR PARENT/GUARDIAN INFORMATION

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.