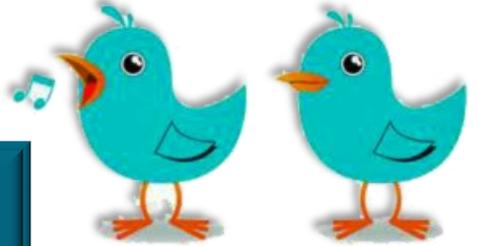




2017 Spring Vacation Camp

It's Spring Break! Come and hang out with your friends at our week-long adventure camp!



This program is recommended for those in Traditional Kindergarten to 5th Grades (no Transitional Kindergarten)

***SPRING VACATION CAMP*—#17855**

**Monday to Friday,
April 3-7, 2017**

9:00 a.m. to 3:00 p.m.

Cost per child:

\$163 resident/\$180 non-resident

**Harrison Center at Lincoln Park
1450 High Street, Alameda
(Santa Clara Ave & High St)**



Arts and crafts, games, and cooking which follow a theme, are just part of the excitement.

Walking excursions may also be scheduled, depending on the weather.

Bring a bag lunch unless notified differently. Snacks will be provided.

Wear comfortable walking shoes, socks and play clothes. Be sure to apply sunscreen!

***BEFORE & AFTER
EXTENDED CARE*—#17856**

**7:30 a.m. to 9:00 a.m.
and 3:00 p.m. to 5:30 p.m.**

**Additional Cost Per Child:
\$75 resident/\$100 non-resident**



**REGISTER EARLY!
SPACE IS LIMITED**

There is a \$15 administrative fee for any cancellations or changes. No refunds issued. You will receive a credit on your ARPD account to be used for any ARPD class or program.



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		BIRTHDATE	M/F	GRADE (IF ANY)	ACTIVITY TITLE	CLASS #	FEE
LAST NAME	FIRST NAME						
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.

Signature _____ Date _____ Participant Parent/Guardian

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.