Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda, CA 94501
(510) 747-PLAY • FAX (510) 523-4071 • www.alamedaca.gov/recreation
E-Mail: ARPD@alamedaca.gov • Like us on Facebook: playARPD

60th Anniversary Day Camp T-Shirt Order Form

Online: www.arpdeplay.com **Email**: ARPD@alamedaca.gov

In Person or Mail: **Alameda Recreation and Park Department Main Office**
2226 Santa Clara Ave, Alameda, CA 94501

Contact Information

Last Name_____First Name_____

Address_____City_____Zip_____

Phone_____

Home Work Cell

Email Address_____

60TH ANNIVERSARY DAY CAMP SHIRT

(Portion of each purchase benefits the Sandi Bertero Memorial Scholarship Fund)

❏ ADULT SMALL .....Number of Shirts_____ @ $12 per shirt = $_____

❏ ADULT MEDIUM .....Number of Shirts_____ @ $12 per shirt = $_____

❏ ADULT LARGE .....Number of Shirts_____ @ $12 per shirt = $_____

❏ ADULT X-LARGE .....Number of Shirts_____ @ $12 per shirt = $_____

TOTAL FEES ENCLOSED: $_____

Additional sizes will be available by special order only.

Please contact ARPD Staff for more information.

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 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

☐ Cash ☐ Check (payable to ARPD)

☐ Discover/VISA/MasterCard (Circle One) Credit 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.