

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

FAMILY DAY TRIPS

ARPD is excited to bring back its **Family Day Trip** program for Summer 2015! Family Day Trips include transportation to and from Alameda, and admission to the excursion location. All ages of participants are welcome; however, anyone under the age of 18 must be accompanied by an adult. Return times are approximate; please allow for flexibility due to traffic conditions. Program information subject to change; excursions may be cancelled due to low enrollment.

We depart from and return to the **Bayport Recreation Center**, 301 Jack London Avenue, Alameda, 94501 (Next to Ruby Bridges Elementary School). Please arrive 10-15 minutes early for check-in.



San Francisco Giants

vs.

Washington Nationals



Travel across the Bay to cheer on the defending World Series Champions - your San Francisco Giants! Spend a beautiful Sunday afternoon, at AT&T Park, watching the Giants take on the Washington Nationals. Our seats are in Section 325 (View Reserved). **Each ticket is a *Splash Tix*, which comes pre-loaded with \$12.00 for your use at AT&T Park concessions.** Limited number of tickets available – sign-up early!

Date: Sunday, August 16, 2015

Time: 10:30 a.m. – 5:30 p.m.

Price: \$50.00 (Ages 3-12, 65+)

\$60.00 (Ages 13-64)

Class # 15509





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.