REGISTRATION FORM

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

Classes, Activities, Sports Leagues	Senior Center Activities/Classes
Online: www.arpdeplay.com	**Email**: ARPD@ci.alameda.ca.us
In Person or Mail: **ARPD Office** **2226 Santa Clara Ave.** **Alameda, CA 94501** Phone: (510) 747-PLAY	In Person or Mail: **Mastick Senior Center** **1155 Santa Clara Ave.** **Alameda, CA 94501** Phone: (510) 747-7500

- Full payment is due at the time of registration. Checks payable to ARPD. Discover, MasterCard, Visa Credit Cards accepted.
- All registrations receive confirmation.
- Activity withdrawals can be made by phone or in person with a $15 processing fee. The remainder of class fee will be placed on your account.

Parent/Guardian/Main Contact Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Phone _____

Home Work Cell

Email Address _____

Emergency Contact Name _____ Relationship _____ Phone (____)_____

Secondary Contact Name _____ Relationship _____ Phone (____)_____

Medical Information/Allergies _____

Participant's Name	Birthdate			M/F	Grade (if any)	Activity Title	Class #	2nd Choice	Fee
							TOTAL FEES DUE:		

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

☐ 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.