



Activity Registration

(Please print and use black or blue ink only)

Today's Date _____

1. GARDEN LOCATIONS

- | 1 st | 2 nd | | |
|--------------------------|--------------------------|------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.580 | Allendale Park Community Garden
3711 Suter Street |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.581 | Arroyo Viejo Community Garden
Arthur St. & 79th Avenue Cul-de-Sac |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.582 | Bella Vista Community Garden
11th Avenue behind Bella Vista Elementary |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.583 | Bushrod Community Garden
584 – 59th Street |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.584 | Golden Gate Community Garden
1068 – 62nd Street |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.585 | Lakeside Park Community Garden
666 Bellevue Avenue |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.586 | Mosswood Community Garden
Webster Street & MacArthur Blvd. |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.587 | San Antonio Community Garden
16th Avenue & E 19th Street |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.588 | Temescal Community Garden
876 – 47th Street |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.589 | Verdesse Carter Community Garden
Corner of Bancroft Avenue & 96th Avenue |

MEMBERSHIP FEES:
January 1 – December 31, 2013
 ANNUAL FEE: \$30
 ½ YEAR FEE (after July 1st): \$15
RENEWAL FEE:
 RENEWALS ARE ANNUAL: \$30
 If not rec'd by December 31st, 2011 ADD: \$10
 (January 15th, 2012, unpaid plots re-assigned)
NON-RESIDENT ADD: \$10

COMMUNITY GARDENING PROGRAM
 Short Sleeve T-Shirt: 100% Cotton
 LARGE or X-TRA LARGE
 \$10 each
 L XL

****If requesting a new plot, please don't include payment unless applying at Verdesse Carter (all other sites have waiting lists). If re-registering, or requesting a plot at Verdesse Carter, then yes, please do return this form with your payment!***

2. PARTICIPANT GUIDELINES – Beautiful community gardens require year-round active gardening, as outlined in the Membership Rules and Regulations, by each and every member. Should there be a change in your ability to garden, don't wait and let the weeds take over. Please call (510) 238-2197. We will contact the next person on the waiting list.

I have read and agree to abide by the membership rules and regulations. Initial _____

ENROLLEE INFORMATION Male Female Child Teen Adult Senior

Name _____
 First Middle Last No. of Participants

Address* _____
 Street Apt City State Zip

Phones _____
 Home Phone Work Phone Cell Phone

Age _____ Birth Date _____ Email _____

Ethnicity: African American American Indian Asian/Pacific Islander Hispanic/Latino White

* Check here if this is a change of address

—Please complete both sides—

Revised: Updated 11/2012

(Optional)

Other Participants' Names: _____

3. MEDICAL INFORMATION (for Enrollee)

Doctor _____ Clinic/Office Phones _____
Doctor Clinic After Hours

Medical Insurance Carrier _____ Policy # _____

Please explain medical or special needs: Allergies Medications Physical Limitations Diet Restrictions

ACCESSIBILITY: The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with provisions of the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TDD callers please dial (510) 615-5883. Please describe below special accommodations you or your child need to participate:

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b): Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.

4. OTHER EMERGENCY CONTACT

Name _____ Relationship _____
Last First

Phones _____
Home Phone Work Phone Cell Phone

5. RELEASE WAIVER

I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee. I agree to let the parties use Participant's name and likeness free of charge and in any manner for any purpose without compensation to the Participant or me.

6. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland and Office of Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

Signature of Enrollee or Parent/Guardian

Date

9. PAYMENT INFORMATION:

Amount enclosed \$ _____

Cash (in person only)

Check: # _____ Make checks payable to City of Oakland Driver's License No. _____

Please be advised that all returned checks will be subject to an additional \$25 Service Fee and a \$4.64 Certified Mailing Fee. Pursuant to Section 1719 of the California Civil Code, damages equal to three times the amount of the check (subject to a \$100 minimum and a \$1,500 maximum) will be assessed if your check is not redeemed in cash within 30 days.

Mastercard/ Visa Card # _____ - _____ - _____ Expiration Date: _____

Name as it appears on the card: _____

Cardholder's Signature: _____

Office of Parks & Recreation, Community Gardening Program, 568 Bellevue Ave., Oakland, CA 94610