



Activity Registration Form

(Please print and use black or blue ink only)

1. ACTIVITY INFORMATION

Today's Date _____

Activity Name	Activity Number	Alternate Activity Number	Fee Amount	Nonresident/ Other Fee	Total Fees
Grand Total:					

2. ENROLLEE INFORMATION

Male Female

Child

Teen

Adult

Senior

Name _____
First Middle Initial Last

Address* _____
Street Apt City State Zip

Phones _____ Email _____
Home Work Cell

Age _____ Birth Date _____ School _____ Grade _____

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

3. PARENT / PRIMARY CARETAKER (For children under the age of 18)

Parent/Guardian Name _____
First Middle Last

Address* _____
Street Apt City State Zip

Phones _____
Home Phone Work Phone Cell Phone

Relationship to Child _____ Email _____

4. 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

5. EMERGENCY CONTACT (other than listed parent)

Name _____ Relationship _____
 First Last

Phones _____
 Home Phone Work Phone Cell Phone

6. FOR CHILDREN UNDER THE AGE OF 18:

I hereby make the following provisions for the daily pick up or release of my child: _____ Child Name

_____ Child may walk home

_____ Child may be picked up by parent only.

_____ Child may be picked up by one of the following individuals and ONLY those individuals:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

7. RELEASE WAIVER

I hereby release and hold harmless the City of Oakland, its directors, officers, employees, agents, volunteers 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 Oakland Parks and Recreation, whether on its premises or elsewhere. I agree to let the City of Oakland use my or my child's name and likeness free of charge and in any manner for any lawful purpose including in its publications and website and/or other publications for the purpose of documenting and promoting use of City of Oakland services and programs. 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.

8. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland 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 Oakland Parks & Recreation or on or about its premises. I understand that Oakland Parks and Recreation does 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.

X _____
 Signature of Enrollee or Parent/Guardian Date

REFUND POLICY: Refund amounts are set by the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested the refund and the activity enrollment or facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. Please contact the recreation center or program coordinator with questions.

AMERICANS WITH DISABILITIES ACT REQUESTS: Please make accommodation request at least 10 days prior to a program or event. Direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 597-5064 or eburton@oaklandnet.com. VRS caller please dial (510) 615-5883.

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b): Federal, State and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age, handicap, gender, sexual orientation, AIDS or ARC. Any person who believes he or she has been discriminated against in any program, activity, or facility operated by Oakland Parks and Recreation should write to: Director, Oakland Parks and Recreation, 250 Frank H. Ogawa Plaza, Ste. 3330, Oakland, CA 94612 or call (510) 238-7275.

9. PAYMENT INFORMATION: Amount enclosed \$ _____ Cash (in person only)
 Check: # _____ Make checks payable to City of Oakland
 Mastercard/ Visa: accepted online, in person, or over the phone.

Please be advised that all returned checks will be subject to an additional \$25 Service Fee and a \$4.42 Postal 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.

**Please submit this form together with payment to your local Recreation Center or mail to:
 Activity Registration, Oakland Parks & Recreation, 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612**