



CITY OF OAKLAND
OFFICE OF PARKS AND RECREATION

Activity Registration Form

CITY OF OAKLAND
OFFICE of PARKS & RECREATION
250 Frank H. Ogawa Plaza, Suite 3330
Oakland, CA 94612
(510) 238-7275
www.oaklandnet.com/parks

(Please print and use black or blue ink only)

Today's Date _____

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

Enrollee Information Male Female Child Teen Adult Senior

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phones _____
Home Work or Cell

Email _____ Birth Date _____

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

Age _____ School _____ Grade _____

Parent/Primary Caretaker (For Children under the age of 18)

Parent/Guardian _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Phones _____
Home Phone Work or Cell Phone

Email _____ Relationship to Child _____

Medical Information

Doctor _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

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

Other Emergency Contact

Name _____ Relationship _____
First Last

Phones _____
Home Work or Cell

For Children Under the Age of 18:
I hereby make the following provisions for the daily pick up or release of my child: _____ (child's 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 _____ Relationship _____

Name _____ Relationship _____

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: _____
(Circle One)

Name as it appears on the card: _____ Cardholder's Signature: _____

1. AMERICANS WITH DISABILITIES ACT REQUESTS:

Please make accommodation requests 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) 615-5980 or smeans@oaklandnet.com. VRS callers please dial (510) 615-5883.

2. 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 Oakland Parks and Recreation 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 the use of Oakland Parks and Recreation 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.

3. 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 which may result from participation in the activities of the Oakland Parks & Recreation or on or about its premises. I understand that the City of Oakland 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.

X _____
Signature of Enrollee or Parent/Guardian Date

4. Refund Policy Refund amount are set by the City Council and 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. If you have any questions, please contact the recreation center or program coordinator.

5. 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) 238-3092.