**Activity Registration Form**

Lake Merritt Boating Center
Jack London Aquatic Center
568 Bellevue Ave
Oakland, CA 94610
Phone: 510-238-2196   Fax: 510-238-7199
www.sailoakland.com

*(Please print and use black or blue ink only)*

1. **ACTIVITY INFORMATION**

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Activity Number</th>
<th>Alternate Activity Number</th>
<th>Fee Amount</th>
<th>Nonresident/Other Fee</th>
<th>Total Fees</th>
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</table>

Grand Total: __________

2. **ENROLLEE INFORMATION**  
☐ Male  ☐ Female  ☐ Child  ☐ Teen  ☐ Adult  ☐ Senior

Name ________________________________________________
First               Middle               Last

Address* ________________________________________________
Street         Apt         City         State         Zip

Phones ___________________________ ___________________________ ___________________________
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

______________________________________________

* Check here if this is a change of address ☐  

---Please complete both sides---
5. OTHER EMERGENCY CONTACT

Name ___________________________ Relationship ___________________________

Phones

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<tr>
<th>First</th>
<th>Last</th>
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<tbody>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
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</table>

7. RELEASE WAIVER

I hereby release and hold harmless the City of Oakland Parks and Recreation, its directors, officers, employees, agents, volunteers and all other persons acting on its behalf, from any and all actions of 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 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.

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 the Office of 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

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 $4.42 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.

☐ Credit Card: Staff will call you for credit card information. Best contact number is: __________________________

Name as it appears on the card: __________________________

Cardholders’ Signature: __________________________