CITY OF OAKLAND
PARKS & RECREATION

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

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 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

_____

* Check here if this is a change of address ☐ ***—Please complete both sides—***

5. OTHER EMERGENCY CONTACT

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 Parks and Recreation, 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 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

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) 615-5980 or smeans@oaklandnet.com. VRS caller please dial (510) 615-5883.

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.

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: _____

Please submit this form together with payment to your local Recreation Center or mail to:
Lake Merritt Boating Center, 568 Bellevue Ave, Oakland, CA 94610