



**CITY OF OAKLAND**  
**COMMUNITY GARDENING PROGRAMS**  
**OAKLAND PARKS & RECREATION**  
 666 Bellevue Ave  
 Oakland, CA 94610  
 510-238-2197

## Activity Registration

(Please print and use black or blue ink only)

Today's Date \_\_\_\_\_

### 1. GARDEN LOCATIONS

- | 1 <sup>st</sup>          | 2 <sup>nd</sup>          |            |                                                                                   |
|--------------------------|--------------------------|------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.501 | <b>Allendale Park Community Garden</b><br>3711 Suter Street                       |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.505 | <b>Arroyo Viejo Community Garden</b><br>Arthur St. & 79th Avenue Cul-de-Sac       |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.510 | <b>Bella Vista Community Garden</b><br>11th Avenue behind Bella Vista Elementary  |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.515 | <b>Bushrod Community Garden</b><br>584 – 59th Street                              |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.525 | <b>Golden Gate Community Garden</b><br>1068 – 62nd Street                         |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.530 | <b>Lakeside Park Community Garden</b><br>666 Bellevue Avenue                      |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.535 | <b>Mosswood Community Garden</b><br>Webster Street & MacArthur Blvd.              |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.540 | <b>San Antonio Community Garden</b><br>16th Avenue & E 19th Street                |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.545 | <b>Temescal Community Garden</b><br>876 – 47th Street                             |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.550 | <b>Verdese Carter Community Garden</b><br>Corner of Bancroft Avenue & 96th Avenue |
| <input type="checkbox"/> | <input type="checkbox"/> | #90823.560 | <b>Cesar Chavez Community Garden</b><br>3705 Foothill Ave                         |

#### MEMBERSHIP FEES:

**January 1 – December 31, 2017**

ANNUAL FEE: \$30

½ YEAR FEE (after July 1<sup>st</sup>): \$15

#### RENEWAL FEE:

RENEWALS ARE ANNUAL: \$30

If not rec'd by December 31<sup>st</sup>, 2013 ADD: \$10

(January 15<sup>th</sup>, 2014, 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

**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 4/2017

(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

**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.

**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, 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.

**6. 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.

\_\_\_\_\_  
Signature of Enrollee or Parent/Guardian

\_\_\_\_\_  
Date

**7. 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. If submitting form by fax, mail, or e-mail, staff will call you for credit card information. Best contact number is: \_\_\_\_\_

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.