



## REGISTRATION FORM

ARPD Programs follow all State & County Health protocols

RETURN REGISTRATION FORM & PAYMENT TO:

ARPD MAIN OFFICE  
 2226 SANTA CLARA AVE  
 ALAMEDA, CA 94501  
 (510) 747-7529

MASTICK SENIOR CENTER  
 1155 SANTA CLARA AVE  
 ALAMEDA, CA 94501  
 (510) 747-7500

ONLINE REGISTRATION AVAILABLE:

[www.alamedaca.gov/recreation](http://www.alamedaca.gov/recreation)

- Full payment is due at the time of registration. Checks payable to ARPD, American Express, Discover, MasterCard or VISA accepted. No refunds, credits or make-ups for any class you miss.
- Withdrawals may be made by e-mail or phone with a \$20 processing fee (or otherwise stated). The remainder of the fee may either be refunded or left as a credit on your account to be used in the future.
- Parents/Guardians, there is a late fee of \$1 per minute per child for every minute you are late picking up your child/children from programs/classes – payable that day.

PARTICIPANT'S		BIRTHDATE	GENDER	GRADE (IF ANY)	ACTIVITY TITLE	CLASS #	FEE
LAST NAME	FIRST NAME						
<b>TOTAL FEES DUE: \$</b>							

### MAIN CONTACT OR PARENT/GUARDIAN INFORMATION:

LAST NAME:		FIRST NAME:		BIRTHDATE:	
ADDRESS:			CITY:		ZIP:
PRIMARY/CELL PHONE:		SECONDARY PHONE:		EMAIL ADDRESS:	
EMERGENCY CONTACT:			RELATIONSHIP TO PARTICIPANT:		PHONE:
EMERGENCY CONTACT (OTHER THAN PARENT):			RELATIONSHIP TO PARTICIPANT:		PHONE:
PARTICIPANT'S MEDICAL ISSUES/ALLERGIES:				AUTHORIZED PICK-UP PERSON(S):	

#### LIABILITY WAIVER

- Undersigned hereby releases, waives and discharges the City of Alameda, its officers, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from any personal injury, communicable diseases, illnesses, and viruses and/or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its officers, employees, agents, and independent contractors.
- Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents, volunteers and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

**VIRTUAL CLASS RELEASE:** I hereby warrant and agree that the conditions of my environment are safe, free from obstructions and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and ARPD is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

**CONSENT TO TREAT:** I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I **DO NOT** consent to treat and I request that medical or surgical services be withheld.

**WELLNESS CHECK:** I hereby confirm that I (or my child/ward) has not had a fever of 100 degrees or above, shown signs of respiratory illness (cough, sore throat or shortness of breath), or been in close contact with a person who has COVID-19 for at least 14 days prior to the start of the program. I hereby give my consent for the City of Alameda staff to take my child's temperature (or my child/ward) before the start of programs each day and understand that I (or my child/ward) must stay home if I (or my child/ward) has a fever of 100 degrees or above or exhibits signs of respiratory illness and can return to the program only when symptoms improve, there is no fever for 72 hours without the use of fever-reducing medicine, and at least ten days have passed since illness onset.

**PHOTO RELEASE:** I understand that photographs may be taken of me (or my child/ward) during the course of said activity, and that these photographs may be used in the City of Alameda publications, including but not limited to recreation brochures, the City's website, and the City's Facebook page or other City social media sites.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  Participant  Parent/Guardian  
 CHECK (payable to ARPD) /  AMEX /  DISCOVER /  VISA /  MC #: \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address on Card:** \_\_\_\_\_

**By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above**