



STARTING DATE: _____
 48 Hours Advance Notice Required Before Child Starts RAP

Alameda Recreation and Park Department
 2226 Santa Clara Ave, Alameda, CA 94501
 (510) 747-7529 • FAX (510) 523-4071
arpd@alamedaca.gov • TAX ID#: 94-6000288

2026-2027 SCHOOL YEAR RAP REGISTRATION FORM (Each Child Needs A Separate Form)

- Single payment **OR** 1st Installment is due at the time of registration (Single Payment will be charged if you do not specify)
- It is your responsibility to make all payments by due dates listed on the RAP flyer – <http://www.alamedaca.gov/recreation>
- The following forms of payment are accepted: **Checks (payable to ARPD) / American Express / Discover / MasterCard / VISA**
- Parents will receive notifications regarding the RAP Program by email so please provide your current e-mail address below
- You can access your receipts (tax receipt after January 1st) from your ARPD Online Account
- If you need to cancel, your **\$50 RAP Deposit is Non-Refundable**. You will also have to pay for the days your child/children attended
- **RAP PARENT HANDBOOK AND RAP FLYER** are available online at <http://www.alamedaca.gov/recreation> in order for you to become familiar with RAP Policies and Procedures and Payment Due Dates

Child's Last Name:	Child's First Name:	Gender	Birthdate	Age	Grade As Of Fall 2026:
Child's School:		AT THE END OF THE DAY, MY CHILD MAY LEAVE THE RAP SITE (SELECT ONE): <input type="checkbox"/> Only With Authorized Pick Up Person(s) listed below OR <input type="checkbox"/> By Checking Self Out At: Time _____			
Child's RAP Site:					
DAYS ATTENDING RAP PER WEEK: <input type="checkbox"/> 5 Days (Monday to Friday) <input type="checkbox"/> 3 Days–list: _____		List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:			
List Child's Medical Information/Allergies/Dietary Restrictions:					

PARENT / GUARDIAN CONTACT INFORMATION

Last Name:		First Name:		Birthdate:	
Address:			City:		Zip
Primary/Cell Phone:		Secondary Phone:		Email Address:	
Emergency Contact Name:			Relationship:		Phone:
Emergency Contact (other than parent):			Relationship:		Phone:

LIABILITY WAIVER

1. 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.
2. 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.**

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 my child 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 before the start of programs each day and understand that my child must stay home if my child 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 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.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

AMOUNT ENCLOSED: \$ _____ Single Payment **OR** Installment—Single Payment will be charged if you do not specify

All payments must be paid on time - see RAP flyer for Due Dates. If your child/children ARE NOT listed on our roster at the start of a RAP session, RAP Staff will walk your child/children to the School Office and leave them there if they cannot reach parent/guardian. If you choose to pay by installments, your 2nd Installment Payment will be automatically charged on your credit card listed below on the 2nd Installment Due Date.

<input type="checkbox"/> CHECK (payable to ARPD) <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> VISA		CARD #:	CVV #	EXP DATE:
Name on Card:		Address on Card:		
Signature:		By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above		