



# REGISTRATION FORM

CLASSES AND SPORTS	SENIOR CENTER ACTIVITIES/CLASSES
<b>In Person or Mail:</b> ARPD Main Office 2226 Santa Clara Ave Alameda, CA 94501 (510) 747-7529	<b>In Person or Mail:</b> Mastick Senior Center 1155 Santa Clara Ave Alameda, CA 94501 (510) 747-7506

- **Full payment is due at the time of registration.** Checks payable to ARPD, American Express, Discover, MasterCard or VISA accepted.
- Withdrawals may be made by e-mail, phone or in person with a \$15 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	M/F	GRADE (IF ANY)	ACTIVITY TITLE	CLASS #	FEE
LAST NAME	FIRST NAME						

**TOTAL FEES DUE: \$**

## 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:					

### LIABILITY WAIVER

- Undersigned hereby releases, waives and discharges the City of Alameda, its directors, employees, agents, volunteers 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 injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, volunteers, 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.

**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.

**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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  Participant  Parent/Guardian

CHECK (payable to ARPD)

AMEX /  Discover /  VISA /  MASTERCARD #: \_\_\_\_\_ 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.**