



REGISTRATION FORM

MAIL TO: ARPD MAIN OFFICE
 2226 SANTA CLARA AVE
 ALAMEDA, CA 94501

REGISTER ONLINE AT:
www.alamedaca.gov/recreation

ARPD Programs follow all Alameda County Health protocols. This includes masks, hand washing, facility cleaning and small groups. Safety for participants, staff and community is our top priority.

- 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 or phone 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 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 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.

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



2020 SUMMER REGISTRATION FORM – PAGE 2

WORLD OF WONDER (WOW) PROGRAM – Monday to Friday, 8:00 a.m. to 5:00 p.m.
For Boys & Girls Who Have Completed Kindergarten-4th Grades as of Summer 2020 – Bring Bag Lunch Daily

CHILD #1 NAME:	CHILD #2 NAME:	
PARENT/GUARDIAN'S NAME(S):	PHONE:	EMAIL ADDRESS:

PERSON(S) AUTHORIZED TO PICK UP CHILD/CHILDREN – List First & Last Name(s)

CHILD #1	CHILD #2	SESSIONS (3 WEEKS)	COST PER 3-WEEK SESSION	WOW SITE
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 1 – Mon-Fri, June 15-July 3	\$700 PER PERSON	<input type="checkbox"/> Godfrey (#9563) <input type="checkbox"/> Washington (#9566)
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 2 – Mon-Fri, July 6-July 24	\$700 PER PERSON	<input type="checkbox"/> Godfrey (#9564) <input type="checkbox"/> Washington (#9567)
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 3 – Mon-Fri, July 27-August 14 <i>NOTE: August 10th week will be credited back if AUSD begins the school year early</i>	\$700 PER PERSON	<input type="checkbox"/> Godfrey (#9565) <input type="checkbox"/> Washington (#9568)

DAY CAMP PROGRAM – ALL CAMPS HELD AT ROBERT CROWN STATE BEACH PARK, ALAMEDA

CHILD #1 NAME:	CHILD #2 NAME:	
PARENT/GUARDIAN'S NAME(S):	PHONE:	EMAIL ADDRESS:

PERSON(S) AUTHORIZED TO PICK UP CHILD/CHILDREN – List First & Last Name(s)

CHILD #1	CHILD #2	PROGRAM	DATES (3 WEEKS)	TIMES	COST PER 3-WEEK SESSION	
<input type="checkbox"/>	<input type="checkbox"/>	HIDDEN COVE (Completed K & 1st Grades)	June 22-July 10	9:00 a.m. to 3:00 p.m.	\$625 PER PERSON	#9569
<input type="checkbox"/>	<input type="checkbox"/>	TRAILS END (Completed 2nd-5th Grades)	July 13-July 31	9:00 a.m. to 4:00 p.m.	\$685 PER PERSON	#9570

TWEEN SUMMER ADVENTURE CAMP – MCKINLEY PARK & UNDERGROUND TEEN CENTER
 Completed 5th to 8th Grades

TWEEN #1 NAME:	TWEEN #2 NAME:	
PARENT/GUARDIAN'S NAME(S):	PHONE:	EMAIL ADDRESS:

TWEEN/TEEN #1 MAY:
 SIGN IN AND OUT EACH DAY OR
 ONLY LEAVE WITH THE FOLLOWING AUTHORIZED PICK UP PERSON(S):

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 SIGN IN AND OUT EACH DAY OR
 ONLY LEAVE WITH THE FOLLOWING AUTHORIZED PICK UP PERSON(S):

TWEEN #1	TWEEN #2	SESSION DATES (3 WEEKS)	TIMES	COST PER 3-WEEK SESSION	
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 1: June 15 - July 3	8:00 a.m. to 5:00 p.m.	\$700 PER PERSON	#9571
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 2: July 6 - July 24	8:00 a.m. to 5:00 p.m.	\$700 PER PERSON	#9572
<input type="checkbox"/>	<input type="checkbox"/>	SESSION 3: July 27 - August 14 <i>NOTE: August 10th week will be credited back if AUSD begins the school year early</i>	8:00 a.m. to 5:00 p.m.	\$700 PER PERSON	#9573