

ACCESSIBILITY: The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with provisions of the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TDD callers please dial (510) 615-5883. Please describe below special accommodations you or your child need to participate:

5. OTHER EMERGENCY CONTACT

Name _____ Relationship _____
Last First
Phones _____
Home Phone Work Phone Cell Phone

6. FOR CHILDREN UNDER THE AGE OF 18:

I hereby make the following provisions for the daily pick up or release of my child: _____ Child Name

_____ Child may walk home.

_____ Child may be picked up by parent only.

_____ Child may be picked up by one of the following individuals and ONLY those individuals:

Name _____ Relationship _____

Name _____ Relationship _____

7. RELEASE WAIVER

I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents 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 the Office of Parks and Recreation, whether on its premises or elsewhere. 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.

8. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland and Office of 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 the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do 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

REFUND POLICY: Refund amounts are set by the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested the refund and the activity enrollment or facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. If you have any questions, please contact the recreation center or program coordinator.

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b): Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.

<p>9. PAYMENT INFORMATION: Amount enclosed \$ _____ <input type="checkbox"/> Cash (in person only)</p> <p><input type="checkbox"/> Check: # _____ Make checks payable to City of Oakland Driver's License No. _____</p> <p>Please be advised that all returned checks will be subject to an additional \$25 Service Fee and a \$4.64 Certified Mailing 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.</p> <p><input type="checkbox"/> Mastercard/Visa Card # _____ - _____ - _____ - _____ Expiration Date: _____ (Circle one)</p> <p>Name as it appears on the card: _____</p> <p>Cardholder's Signature: _____</p>

**Please submit this form together with payment to your local Recreation Center or mail to:
Activity Registration, Office of Parks & Recreation, 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612.
Revised: 12/23/05, Updated 01/19/07**