



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-PLAY • FAX (510) 523-4071
arpd@alamedaca.gov • TAX ID#: 94-6000288

2018-19 RAP REGISTRATION FORM – ALL-DAY KINDERGARTEN TO 5TH GRADES

(Complete A Form For Each Child)

- Single payment **OR** 1st Installment is due at the time of registration (if you do not indicate, Single Payment will be charged)
- It is your responsibility to make all payments by due dates listed on the RAP flyer (see website listed below)
- All payments made after the due dates will be automatically charged a \$30 late fee. To avoid the \$30 late fee, contact ARPD Staff to set up automatic payments on your credit card listed below.
- The following forms of payment are accepted: **Checks (payable to ARPD)/American Express/Discover/MasterCard/Visa**
- Parents will receive e-mail receipts to confirm your RAP registration so be sure you provide your current e-mail address
- There is a service fee of \$5 for Tax Receipt (available after January 1st for previous year)
- There is a \$15 processing fee for withdrawals; you will also have to pay for the days your child/children attended
- **RAP PARENT HANDBOOK AND RAP FLYER** are available online at www.alamedaca.gov/recreation in order for you to become familiar with RAP Policies and Procedures and Payment Due Dates

Child's First and Last Name	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birthdate	Age	Grade As of Fall 2018:
Child's School	Child's RAP Site		Days Attending RAP Per Week <input type="checkbox"/> 5 Days (Monday to Friday) <input type="checkbox"/> 3 Days–list _____ <input type="checkbox"/> 2 Days–list _____	
At the end of the day, my child may leave the RAP Site: (Please select one)		<input type="checkbox"/> Only With Authorized Pick Up Person(s) Listed Below <input type="checkbox"/> By Checking Self Out At: Time _____ P.M.		
List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:				
Child's Medical Information/Allergies/Dietary Restrictions:				

PARENT/GUARDIAN CONTACT INFORMATION:

Last Name _____ First Name _____ Birthdate _____
 Address _____ City _____ Zip _____
 Primary Phone _____ Secondary Phone _____ Cell Phone _____
 Email Address _____
 Emergency Contact Name _____ Relationship _____ Phone _____
 Emergency Contact (other than parent) _____ Relationship _____ Phone _____
 Name of Child's Insurance Company _____ Policy Number _____

LIABILITY WAIVER

1. Undersigned hereby releases, waives and discharges the city of Alameda, its directors, 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 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, 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 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.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you **do not** give photographic consent.

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.

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–If you do not indicate, Single Payment will be charged

**All payments made after due dates will be subject to \$30 administrative charge – see RAP flyer for due dates
 To avoid the \$30 late fee, do you give permission for ARPD Staff to set up automatic payments on your credit card
 listed below? YES - 2018 FALL SESSION / 2019 WINTER SESSION / 2019 SPRING SESSION / NO**

Check (payable to ARPD)
 AMEX / Discover / VISA / MasterCard: Card # _____ 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