

15th Annual

Alameda Recreation and Park Department
(510) 747-7529—arpd@alamedaca.gov



BREAKFAST WITH SANTA

Saturday, December 10, 2016
10:00 a.m. to 12:00 noon
Albert H. DeWitt O'Club
(641 West Redline Ave, Alameda Point)



COST PER PERSON:

- * Ages 13 Years & Up: \$18
- * Ages 2-12 Years: \$10
- * FREE for those under 2 years
- * Class #17509
- * Register by December 1st
- * NO REFUNDS ISSUED



- * All family members attending MUST pre-register (limited to 125 people)
- * Walk up registrations will not be accepted at the door
- * All children MUST be accompanied and supervised by an adult at all times



Breakfast



Arts & Crafts



Take a Selfie with the Big Guy



Alameda Recreation and Park Department

2226 Santa Clara Avenue, Alameda, CA 94501

(510) 747-PLAY • FAX (510) 523-4071 • arpd@alamedaca.gov

Online Registration: www.arpdeplay.com • www.alamedaca.gov/recreation

REGISTRATION FORM

CLASSES & SPORTS

SENIOR CENTER

ACTIVITIES/CLASSES

In Person or Mail:
ARPD Main Office
2226 Santa Clara Ave
Alameda, CA 94501
(510) 747-7529

In Person or Mail:
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, 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 fee will be placed 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 _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Emergency Contact (Other Than Parent) _____ Relationship _____ Phone _____

Participant's Medical Information/Allergies _____

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.

Signature _____ Date _____ Participant Parent/Guardian

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