



Alameda Recreation and Park Department  
 2226 Santa Clara Avenue, Alameda, CA 94501  
 (510) 747-PLAY • FAX (510) 523-4071

[arpd@alamedaca.gov](mailto:arpd@alamedaca.gov) • [www.alamedaca.gov/recreation](http://www.alamedaca.gov/recreation)

**“IN THE MIX” REGISTRATION FORM**  
**SATURDAY, APRIL 28, 2018 – 10:30 AM – 4:00 PM**  
**ISLAND HIGH SCHOOL, 500 Pacific Ave, Alameda**  
**Individuals: \$5 per person / Families (2 or more) - \$10 - Class #6311**

<ul style="list-style-type: none"> <li>• <b><u>In Person or Mail:</u></b>            ARPD Main Office, 2226 Santa Clara Ave            Alameda, CA 94501 - (510) 747-7529            Monday to Friday, 8:30 a.m. to 5:30 p.m.</li> <li>• <b>E-mail form with credit card # to:</b> <a href="mailto:arpd@alamedaca.gov">arpd@alamedaca.gov</a></li> <li>• <b>FAX form with credit card # to:</b> (510) 523-4071</li> </ul>	<p><i>You may also sign up through our online system (ActiveNet) at: <a href="http://www.alamedaca.gov/recreation">www.alamedaca.gov/recreation</a></i></p> <p><i>Full payment is due at the time of registration. Checks payable to ARPD, American Express, Discover, MasterCard or VISA accepted.</i></p>
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**ADULT/PARENT BREAKOUT GROUPS**

(Please select two choices and you will be assigned to only one session based on availability)

- Colorstruck: Skin tone, Identity, and the Politics of Belonging
- A Mixed Bag: Mutual Sharing About Your Experiences In a Mixed Race Family
- The Blended Table: Multiracial Families and Food
- Building a Multi-Cultural Sphere of Influence for your Multiracial Family
- Let It Fro....Let It Fro....—Hair, Societal Views, and the Self Image of People of Color

**YOUTH BREAKOUT GROUPS:**

(Please select one session based on the child/youth’s appropriate age group)

- Mixing and Matching: Exploring the Ways We Fit in and Stick Out (6-10 year olds)
- Straddling Multiple Worlds: Being Mixed Race and Writing Your Life Story (15-18 year olds)
- Where Do We Fit It In: Exploring Identity as a Teen, Student, Friend, and Mixed Race Youth (11-14 year olds)
- Circle Time: Connecting Through Our Shared Experiences (3-5 year olds-parent/guardian participation required)

**SEE OTHER SIDE TO CONTINUE REGISTRATION**

**Alameda Recreation and Park Department  
 "IN THE MIX" – Saturday, April 28, 2018 - REGISTRATION FORM (Continued)**

<b>PARTICIPANT'S</b>		<b>BIRTHDATE</b>	<b>M/F</b>	<b>GRADE (IF ANY)</b>	<b>ACTIVITY TITLE</b>	<b>CLASS #</b>	<b>FEE</b>
<b>LAST NAME</b>	<b>FIRST NAME</b>						
					In The Mix	# 6311	
					In The Mix	# 6311	
					In The Mix	# 6311	
					In The Mix	# 6311	
					In The Mix	# 6311	
					In The Mix	# 6311	
<b>TOTAL FEES DUE: \$</b>							

**MAIN CONTACT OR PARENT/GUARDIAN INFORMATION**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Participant's Medical Information/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.**

**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, newsletters, Activity Guide, Mastick Newsletter 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)

American Express /  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.*