

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

arpd@alamedaca.gov • www.alamedaca.gov/recreation

KAYAKING REGISTRATION FORM

- Full payment is due at the time of registration.
- Checks payable to ARPD, American Express, Discover, MasterCard or VISA accepted

Withdrawals may l								
1. PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	BIRTHDATE (IF UNDER 18 YRS)	M/F	GRADE (IF ANY)	ACTIVITY TI	TLE	CLASS#	FEE
Participant's:		Any physical or	mental	L challenges w	ve need to be awa	re of?		l
Height:V	Weight:				. <u></u>			
Able to Swim? ☐ Yes ☐ No		Anything else we need to be aware of?						
2. PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	BIRTHDATE (IF UNDER 18 YRS)	M/F	GRADE (IF ANY)	ACTIVITY TI	TLE	CLASS#	FEE
Participant's:	Any physical or mental challenges we need to be aware of?							
Height:V Able to Swim? □ Y	Anything else we need to be aware of?							
FOR COUPLES KAY	L ALLERGIES?				TOTAL FEES DUE:			
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MAIN CONTACT OF	R PARENT/GUARD	DIAN INFORM	ATION	:				
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LAST NAMEAddressPrimary Phone	S	_ FIRST NAME_ econdary Phone	City		Cell Pho	ne	_ Zip	
Address Primary Phone Email Address	S	_ FIRST NAME _ econdary Phone	City	onship	Cell Pho	ne	_ Zip	
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LAST NAME Address Primary Phone Email Address Emergency Contact Na Emergency Contact (C LIABILITY WAIVER 1. Undersigned hereby releases and/or his/her personal repre property or death of the unindependent contractors. 2. Undersigned hereby assume directors, employees, agents facilities or equipment, includ PHOTO CONSENT: Undersigned (including, but not limited to the Check here if you do not give CONSENT TO TREAT: I hereby authorization in the event that I is Check here if I do not conserved.	ame	Eity of Alameda, its direct of here of here of here of here of the result of the result of the result of the result of here of	City Relati Relati Relati ectors, emposs or dame and/or p or propert upon or a the City of the City of the cost	onship lonship lo	and independent contraim or demands accruingity of Alameda, its director or not it is due to the ses of the City of Alament of the appropriate medical my expense.	Phone Phone actors from g or resulti ectors, officene negligereda and/o	all liability to the ng from injury to cers, employees, nce of the City of r while using the munity information and give approp	undersigned the person or agents, and Alameda, its premises or nal purposes, priate medical
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By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above.