



**Activity Registration Form**  
 (Please print and use black or blue ink only)

**1. ACTIVITY INFORMATION**

Today's Date \_\_\_\_\_

Activity Name / Course ID	Activity Location	Activity Date	Alternate Activity Date	Fee Amount

Direct Scholarship and Financial Assistance questions to Recreation Site Director.

**Grand Total:**

--

**2. ENROLLEE INFORMATION**  Female  Male  Non-Binary  Child  Teen  Adult  Senior

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt City State Zip

Phones \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Race/Ethnicity:  African-American/Black  American Indian/Alaskan Native  Asian/Asian-American  
 Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Multi-Racial

**3. PARENT / PRIMARY CARETAKER (For children under the age of 18)**  Female  Male  Non-Binary

Parent/Guardian Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt City State Zip

Phones \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Birth Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 (required for account set-up)

Race/Ethnicity:  African-American/Black  American Indian/Alaskan Native  Asian/Asian-American  
 Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Multi-Racial

**4. MEDICAL INFORMATION (for Enrollee)**

Doctor \_\_\_\_\_ Clinic/Office Phones \_\_\_\_\_  
Doctor Clinic After Hours

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please explain medical or special needs:  Allergy  Medications  Physical Limitations  Diet Restrictions

---



---

**5. EMERGENCY CONTACT (other than listed parent)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Last

Phones \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**6. RELEASE WAIVER** I hereby release and hold harmless the City of Oakland, its directors, officers, employees, agents, volunteers 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 Oakland Parks, Recreation & Youth Development, whether on its premises or elsewhere. I agree to let the City of Oakland use my or my child’s name and likeness free of charge and in any manner for any lawful purpose including in its publications and website and/or other publications for the purpose of documenting and promoting use of City of Oakland services and programs. 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.

**7. AUTHORIZATION FOR MEDICAL TREATMENT** I hereby consent and authorize the City of Oakland Parks, Recreation & Youth Development staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of Oakland Parks, Recreation & Youth Development or on or about its premises. I understand that Oakland Parks, Recreation & Youth Development does 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. Please contact the recreation center or program coordinator with questions.

**AMERICANS WITH DISABILITIES ACT REQUESTS:** Please make accommodation request at least 10 days prior to a program. Direct all inquiries concerning program and disability accommodation to the OPRYD Inclusive Recreation Coordinator at (510) 867-0654 or [eburton@oaklandnet.com](mailto:eburton@oaklandnet.com). VRS caller please dial 711.

**TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b):** Federal, State, and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age, handicap, gender, sexual orientation, AIDS or ARC. Any person who believes he or she has been discriminated against in any program, activity, or facility operated by Oakland Parks, Recreation & Youth Development should write to: Director, Oakland Parks, Recreation & Youth Development, 250 Frank H. Ogawa Plaza, Ste. 3330, Oakland, CA 94612 or call (510) 238-7275.

**8. PAYMENT INFORMATION:** Amount enclosed \$ \_\_\_\_\_  Check: # \_\_\_\_\_ Checks payable to City of Oakland

Cash (in person only)  Mastercard / Visa: accepted online, in person, or over the phone. Please be advised that all returned checks will be subject to an additional \$25 Service Fee and a \$4.42 Postal 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.

**Please submit this form together with payment to your local Recreation Center or mail to:  
Activity Registration, Oakland Parks, Recreation & Youth Development,  
250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612**