Come Out and Play the OPR Way

CITY of OAKLAND
OFFICE of PARKS & RECREATION

Lake Merritt Boating Center
Jack London Aquatic Center
568 Bellevue Ave
Oakland, CA 94610
Phone: 510-238-2196 Fax: 510-238-7199
www.sailoakland.com

CITY OF OAKLAND
LIFE ENRICHMENT
AGENCY

Activity Registration

(Please print and use black or blue ink only) Today's Date _____

1. ACTIVITY INFORMATION

Organization Providing Activity	Activity Name	Activity Start Date	Activity End Date

2. ENROLLEE INFORMATION ❑ Male ❑ Female ❑ 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 _____

Ethnicity: (Optional) ❑ African American ❑ American Indian ❑ Asian/Pacific Islander ❑ Hispanic/Latino ❑ Caucasian

3. PARENT/PRIMARY CARETAKER (For Children under the age of 18)

Parent/Guardian Name _____
First Middle Last

Address _____
Street Apt City State Zip

Phones _____
Home Phone Work Phone Cell Phone

Relationship to Child _____ Email _____

4. MEDICAL INFORMATION (for Enrollee)

Doctor _____ Clinic/Office Phones _____
Doctor Clinic After Hours

Medical Insurance Carrier _____ Policy # _____

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

_____

-Please complete both sides-

ACCESSIBILITY: The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with provisions of the Americans with Disabilities Act. Please direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TDD callers please dial (510) 615-5883. Please describe below special accommodations you or your child need to participate:

---

5. OTHER EMERGENCY CONTACT

Name _____ Relationship _____
First Last

Phones _____
Home Phone Work Phone Cell Phone

6. RELEASE WAIVER

I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors, officers, employees, agents 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 the Office of Parks and Recreation, whether on its premises or elsewhere. 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. I agree to let the parties use Participant's name and likeness free of charge and in any manner for any purpose without compensation to the Participant or me.

7. AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent and authorize the City of Oakland and Office of Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland Office of Parks and Recreation 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

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b): Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.