

CITY OF OAKLAND
OFFICE OF PARKS AND RECREATION



Digital Arts and Culinary Academy

Digital Arts and Culinary Academy
5818 International Blvd.
Oakland, CA 94621
(510) 615-5807

Activity Registration Form

(Please print and use black or blue ink only)

Today's Date _____

1. ACTIVITY INFORMATION Fall Winter Spring Summer

Activity Name	Activity Number	Fee Amount	Nonresident/Other Fee	Total Fees
Grand Total:				

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: African American American Indian Asian/Pacific Islander Hispanic/Latino European American
(Optional)

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

* Check here if this is a change of address

—Please complete all pages—

Revised: 6/15/12

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, Erin Burton at (510) 597-5064 or eburtons@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 _____
Last First
Phones _____
Home Phone Work Phone Cell Phone

6. FOR CHILDREN UNDER THE AGE OF 18:

I hereby make the following provisions for the daily pick up or release of my child: _____ Child Name

_____ Child may walk home.

_____ Child may be picked up by parent only.

_____ Child may be picked up by one of the following individuals and ONLY those individuals:

Name _____ Relationship _____

Name _____ Relationship _____

7. 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. I agree to let the Office of Parks and Recreation 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 the Office of Parks and Recreation 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.

8. 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 on or about its premises. I understand that the City of Oakland, the Office of Parks and Recreation do 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. If you have any questions, please contact the recreation center or program coordinator.

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.

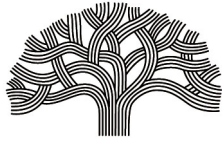
9. PAYMENT INFORMATION: Amount enclosed \$ _____ Cash Excepted Only In Person
 Check: # _____ Make checks payable to City of Oakland Driver's License No. _____

Please be advised that all returned checks will be subject to an additional \$25 Service Fee and a \$4.64 Certified Mailing 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.

Mastercard Visa Card # _____ - _____ - _____ - _____ Expiration Date: _____

Name as it appears on the card: _____

Cardholder's Signature: _____



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MEMBER INFORMATION (PLEASE PRINT)

MEMBER'S NAME:

DATE OF BIRTH:

SCHOOL:

GRADE:

CURRENT ADDRESS:

CITY:

STATE:

ZIP CODE:

MALE FEMALE

MEMBER'S EMAIL ADDRESS:

MEMBER'S TELEPHONE:

HOME: _____

CELL: _____

MEMBER'S INTEREST

WHICH TRACK INTERESTS YOU? (NUMBER 1 OR 2 IN THE ORDER OF PREFERENCE):

___ **DIGITAL TRACK (Audio and Video)** – MUSIC RECORDING, EDITING, REASON, PROTOOLS, THE ART & BUSINESS OF SONGWRITING. VIDEO RECORDING AND PRODUCTION, EDITING, LIGHTING, CONTENT

___ **CULINARY TRACK (Culinary and Urban Gardening)** – COOK RESTAURANT QUALITY MEALS, KNIFE SKILLS, FOOD HANDLING & PREPARATION, SAFETY CERTIFICATION. HANDS-ON TRAINING IN ORGANIC GARDENING & SMALL FARMING, HORTICULTURE, PROPAGATION, HARVESTING, PROCESSING, MARKETING

DESCRIBE WHAT YOU ARE INTERESTED IN LEARNING:

HOW DID YOU HEAR ABOUT DACA?

* Check here if this is a change of address

—Please complete all pages—

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