

Each participant is required to fill out this waiver, to be submitted to race officials no later than 7:00 AM on August 14, 2016 at the registration table at the race site.



Forms may also be submitted by mail to: **RENEGADES DRAGON BOAT CLUB**
 PO Box 10410, Oakland, CA 94610. Mail submissions must be received by August 8, 2016

REGISTRATION FORM

(Please print and use black or blue ink only)

Today's Date _____

Activity Name	Activity Number	Fee Amount	Nonresident/Other Fee	Total Fees
Dragonboat Regatta August 14, 2016	72907.400			

TEAM NAME: _____

Grand Total: _____

<p>Enrollee Information Male Female Child Teen Adult Senior</p> <p>Name _____ First Middle Last</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phones _____ Home Phone Work or Cell Phone</p> <p>Email _____ Birth Date _____</p> <p>Ethnicity: African American American Indian White Asian/Pacific Islander Hispanic/Latino</p> <p>Age _____ School _____ Grade _____</p> <p>Parent/Primary Caretaker(For Children under the age of 18)</p> <p>Parent/Guardian Name _____ First Middle Last</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phones _____ Home Phone Work or Cell Phone</p> <p>Email _____ Relationship to Child _____</p> <p>Medical Information</p> <p>Doctor _____ Clinic/Office Phones _____</p> <p>Medical Insurance Carrier _____ Policy # _____</p> <p>Please explain medical or special needs: Allergies Medications Physical Limitations Diet Restrictions</p> <p>Other Emergency Contact</p> <p>Name _____ Relationship _____ First Last</p> <p>Phones _____ Home Phone Work or Cell Phone</p>	<p>For Children Under the Age of 18: I hereby make the following provisions for the daily pick up or release of my child: _____ _____ 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 _____</p> <p>1. Accessibility The City of Oakland Office of Parks and Recreation (OPR) is fully committed to compliance with the provisions of the Americans with Disabilities Act. Please make accommodation requests at least 10 days prior to an event. Direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 615-5980 or smeans@oaklandnet.com. TTD callers please dial (510) 615-5883.</p> <p>2. 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.</p> <p>3. 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 which 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, the Office of Parks and Recreation do not provide medical insurance coverage for participants of this program.</p> <p>4. Refund Policy Refund amount are set by the City Council and 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.</p> <p>5. 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 the Office of Parks and Recreation should write to: Director, Office of Parks and Recreation, 250 Frank H. Ogawa Plaza, Ste. 3330, Oakland, CA 94612 or call (510) 238-3092.</p> <p>This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.</p> <p>X _____ Signature of Enrollee or Parent/Guardian Date</p>
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PAYMENT INFORMATION: Amount enclosed \$ _____ Cash (in person only)

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: _____
 (Circle one)

Name as it appears on the card: _____ Cardholder's Signature: _____