



Recreation Division  
3231 Main Street  
Oakley, Ca 94561

Participant Name: \_\_\_\_\_

Program Name:	Program Number:	Oakley Resident:	Age/Grade:	Program Fee:

Parent/Guardian (If under 18): \_\_\_\_\_ Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please make checks payable to The City of Oakley**

(Return check fee of \$25.00 will be automatically charged to the liable guardian or participant of said activity)

As the parent/guardian of a minor participating in the City of Oakley's Recreation Programs, Field Trip and Services, I recognize and acknowledge that there are certain risks of physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance the City of Oakley, the Oakley Union School District, the Liberty Union High School District and its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with myself or my child/ward's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees. I agree to assume the full risk of any injuries, damages or loss that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with each activity. I additionally agree to indemnify the City against any claims or rights of action for damages which I or the minors has/have before or after they reach age of majority. I further agree that certain marketable information may be used in accordance with State Laws and regulations. Such items include: e-mail addresses, photos and press releases that include statements made by myself or my child/ward in publication of said activities. In the event of any emergency, I authorize City Officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate and emergency care if it be deemed to sustain life. I also agree that I will be responsible for payment of any and all medical services rendered.

In case of emergency whom should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please indicate if you or your child has any medical conditions, dietary restrictions, special needs, language barriers, or other issues that may present themselves during the course of the program. **Please list and indicate if you request an accommodation for the facility or program. Indicate none if no conditions or accommodations are requested.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* I agree to all of the above conditions:

\* I understand that I am subject to dismissal from participation of said activity for inappropriate and disrespectful behavior.

\* I understand that my child's/ wards enrollment is subject to dismissal due to certain violations of the Recreation Division's program code of conduct (available for viewing in the Recreation Division main office.)

\* I have read and fully understand the above Waiver, Release and Indemnity Agreement and Permission to Secure Treatment.

Participant/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In some programs the participant will receive a shirt, please indicate the shirt size and gender. Shirt Size: \_\_\_\_\_ Gender: \_\_\_\_\_



3231 Main Street Oakley, CA 94561 Tel (925) 625-7044 Fax (925) 625-3492  
www.ci.oakley.ca.us

### Recreation Division Credit Card Authorization Form

(Participants may submit form by email or fax)

Please note that effective July 1, 2017 there will be a \$38 processing fee on refunds.

Participant Name: \_\_\_\_\_

Class/Event Name: \_\_\_\_\_

Cardholder's Name (As it appears on the credit card): \_\_\_\_\_

Billing address (credit card): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Amount Authorized to be Charge: \$ \_\_\_\_\_ (Any applicable refunds will be issue by check only)

Card Type:  Visa  MasterCard

Card #: \_\_\_\_\_ Card ID#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### FOR OFFICE USE ONLY

Authorization#: \_\_\_\_\_