

Office of Parks and Recreation

250 Frank H. Ogawa Plaza, Suite  
3330 Oakland, CA 94612



Dimond Recreation Center

3860 Hanly Rd, Oakland, Ca 94602  
PH (510) 482-7831 Fax (510) 482-785

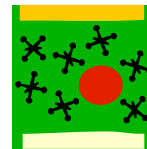
# CROCKER HIGHLAND After School Yard Games

**Wednesdays 1:45-3:45 pm**

**Fall Session; Sept 9<sup>th</sup> thru November 4<sup>th</sup>.**

Winter and Spring Sessions will be offered.

**Fee \$35.00 Co-ed & all ages invited**  
**18 kids maximum kids in class. 10 kids minimum or class will be cancelled.**



**Come out and Play the OPR WAY!**

**Lots of old time favorites and many New Games!**

**Jump Rope, Jacks, 4-Square, Kick ball, Basketball,  
Ro-Sham-bo, Chalk Art, Hide and seek and so many more!**

**2 hours a week of great fun supervised by  
Oakland Parks and Recreation Staff!**

As this is an outdoor class, cancellations due to inclement weather may occur.

Please confer with Crocker Highland Office Staff and be prepared  
to pick up your child at 1:45 should this situation develop.

**Register for Activity #21001.151**

Register in person at Dimond Recreation Office or online at <http://www.oaklandnet.com/parks>

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](mailto:smeans@oaklandnet.com). TTY callers please dial (510) 615-5883. **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.

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

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Activity Name	Activity Number	Alternate Activity Number	Fee Amount	Nonresident /Other Fee	Total Fees
Crocker Highland After school Yard Games	21001.151		\$35.00	+ 7.00 if non oak resident	
				+ 1.00 online fee	
<b>Grand Total:</b>					

### ENROLLEE INFORMATION

Male  Female  Child  Teen  Adult  Senior

Child's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_ Grade \_\_\_\_\_  
First Last

Parent/Guardian Name \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_  
Home Work or Cell

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

Ethnicity:  African American  American Indian  Asian/Pacific Islander  Hispanic/Latino  White

Medical or special needs:  Allergies  Medications  Physical Limitations  Diet Restrictions

### EMERGENCY CONTACT

Name \_\_\_\_\_ Phones \_\_\_\_\_

### 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.

### 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, 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 \_\_\_\_\_

<b>PAYMENT INFORMATION:</b>		Amount enclosed \$ _____	<input type="checkbox"/> Cash (in person only)
<input type="checkbox"/> Check: # _____	Make checks payable to <b>City of Oakland</b>		Driver's License No. _____
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.			
<input type="checkbox"/> Mastercard/Visa Card # _____	Expiration Date: _____		
(Circle one)			
Name as it appears on the card: _____			
Cardholders' Signature: _____			