



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION
ACCESS LEISURE, 6005 FOLSOM BLVD, SACRAMENTO, CA 95819
TELE: (916) 808-2340 FAX: (916) 808-6074

Access Leisure

Power Soccer Clinic Sunday November 23, 2008, 12 noon to 5 PM

Athlete Registration

Please type or print legibly

Athlete's Name _____ M [] F [] Birthdate _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ Cell _____

Email Address _____

Disability type/level _____ Date of disability onset _____

Do you have any medical complications and / or allergies that we should know about? _____

Sports Experience

Have you have played Power Soccer before? _____ Number of years? _____

Do you have your own guard ___ Yes ___ No

*If you do not have your own power soccer chair guard, we will loan you one for use during the clinic.

Are you interested in playing competitive Power Soccer with the River City Rollers? ___ Yes ___ No

Brand and Model of power chair you will use for Power Soccer?

Brand _____ Model _____

Have you played any other wheelchair Sports? Yes No If yes, please list the sport(s) and the level of participation. _____

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Access Leisure, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the Access Leisure Wheelchair Sports Programs. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity.

Media Release

I specifically grant permission to the Access Leisure Wheelchair Sports Programs to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the Access Leisure Wheelchair Sports Programs.

Signature of athlete, or guardian if under 18 yrs/ old

Date Signed

Please fax or mail back to: Steve Hornsey

Fax # 916-808-6074 Mail 6005 Folsom Blvd, Sacramento, CA 95819

Forms must be received by November 20, 2008