



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION
TELE: (916) 808-2340 FAX: (916) 808-6155



Sacramento Lightning Sled Hockey Clinic, Sept. 20, 2009

Athlete Registration - Please type or print clearly

Athlete's Name _____ M [] F [] Age ____

Birthdate ___/___/___ Parent/Guardian _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____ Cell _____

Email Address _____

Diagnosis and Disability: _____

Fees

Registration fee is \$10 per person.

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 Sacramento Lightning Sled Hockey Tournament. 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 City of Sacramento 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 Sacramento Lightning.

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

Date Signed

Return to: Sacramento Lightning, Janice Van Dyck, 3852 Whiznan St.,
Sacramento, CA 95821

