



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION
ACCESS LEISURE/CHALLENGE SPORTS OF CALIFORNIA
CHALLENGE SPORTS; TELE: (916) 554-0889 FAX: (916) 916-966-2122

2009-2010 Season
Challenge Sports of California/Challenge Soccer/Basketball/Bowling

Individual Volunteer Registration

Please Type or Print Legibly

Name _____

Mailing Address: _____ City _____ Zip _____

Phone: (Home) _____ (Work) _____ (Fax) _____

What is the best time to reach you? Home: _____ Work: _____

E-mail: _____ (*Please respond to all emails!)

Are you affiliated with a group for this volunteer activity? If YES, Group Name: _____

Have you had any experience with individuals with disabilities? If so, in what capacity?

Are you volunteering for class credit? YES NO

Will you need to have an evaluation form completed? YES NO

School of Attendance: _____ Instructor/Program: _____

Liability Release

The undersigned, in consideration of the acceptance of this entry, hereby agrees to waive, release and indemnify the hosting Park/School Districts, Challenge Sports of California, the City of Sacramento, Department of Parks and Recreation, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the Challenge Sports Soccer Program, September 14, 2008 through August 31, 2009. 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, Access Leisure/Challenge Sports of California 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 and Challenge Sports Programs.

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

Date Signed



**Please mail or fax the completed form to: Access Leisure, 3291 Truxel Road, #26 , Sacramento, CA 95833;
or fax to ATT: Steve Hornsey at (916) 808-6506**