



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION  
 ACCESS LEISURE, 3291 TRUXEL RD #26, SACRAMENTO, CA 95833  
 TELE: (916) 808-2340 FAX: (916) 808-6506



**Access Leisure  
 Goal Ball Program Fall/Winter 2009-2010  
 REGISTRATION**

**Please Type or Print Legibly**

Athlete's Name \_\_\_\_\_ M  F  Birthdate \_\_\_\_\_

Age \_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Diagnosis and Disability: \_\_\_\_\_

**Interest**

- I am interested in playing Goal Ball as a member of the Sacramento River Bat competitive team
- I am interested in playing Goal Ball for recreation health and fitness during program practice and training times

**Date:** October 3, 10, 17, 24, 31; November 14; December 5, 12, 19; January 2, 9, 16

**Time:** 1:00-4:30pm

**Location:** Yosemite Hall 183 on the Sacramento State Campus

**Fees**

Registration fee is \$40. (make checks payable to "City Of Sacramento") **Total enclosed: \$** \_\_\_\_\_

**FOR OFFICE USE ONLY:**  Cash  Check # \_\_\_\_\_ Date \_\_\_\_\_ Received by: \_\_\_\_\_

**Liability Release**

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify 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 Goal Ball program. 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 City of Sacramento, Department of Parks and Recreation Access Leisure 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 Goal Ball and the Sacramento River Bats Goal Ball Team.

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

\_\_\_\_\_  
 Date Signed

**Return form to:**

**Steve Hornsey, 3291Truxel Rd #26, Sacramento, CA 95833, fax to 916-808-6506, or email [shornsey@cityofsacramento.org](mailto:shornsey@cityofsacramento.org).**