



CITY OF SACRAMENTO, DEPARTMENT OF PARKS AND RECREATION  
 ACCESS LEISURE, 5735 47<sup>TH</sup> AVE, SACRAMENTO, CA 95824  
 TELE: (916) 808-6017 FAX: (916) 808-3559  
 WWW.ACCESSLEISURESAC.ORG



## SEPTEMBER 10, 2011 HANDCYCLING AND TANDEM CYCLING PROGRAM REGISTRATION

Athlete's Name \_\_\_\_\_ M  F  Birthdate \_\_\_\_\_  
 Age \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

**[Barcode# 86780] For office use: Fee \$10 received by \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_**

Are you a veteran with a disability?  Yes  No Are you currently on Active Duty?  Yes  No

Branch of Service \_\_\_\_\_

Is this your first time participating in Access Leisure/Paralympic Sport Sacramento programs?  Yes  No

How did you learn about this program? \_\_\_\_\_

**Type of Mobility**

Wheelchair:  Manual  Power  
 Other Devices:  Braces/Crutches  Walkers  Use No Devices

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

- I would like to use one of Access Leisure's Handcycles during Access Leisure Adaptive Cycling programs
- I have a visual disability and I would like to ride one of the Tandem bikes with one of the trained volunteers as the "Captain"

**Interest Please mark all activities you are interested in:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Recreational Handcycling   | <input type="checkbox"/> Competitive Handcycling | <input type="checkbox"/> Tandem Cycling for Individuals with low vision or blind  |
| <input type="checkbox"/> Wheelchair Basketball      | <input type="checkbox"/> Wheelchair Softball     | <input type="checkbox"/> Wheelchair Tennis  |
| <input type="checkbox"/> Paralympic Sports Programs | <input type="checkbox"/> Sled Hockey             | <input type="checkbox"/> Track and Field  |
| <input type="checkbox"/> RCIF Baseball for youth    | <input type="checkbox"/> Quad Rugby              | <input type="checkbox"/> Challenge Sports for youth (soccer, basketball, bowling) |
| <input type="checkbox"/> Residential Camp Programs  | <input type="checkbox"/> Social Programs         |   |

**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 during the "Handcycling and Tandem Cycling" program. I understand that there is inherent risk involved while participating in the sport of handcycling and tandem cycling. 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 Section 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 Adaptive Sports Programs.

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

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

*Return form to:* City of Sacramento, Access Leisure, Attn Jenny Yarrow 5735 47<sup>th</sup> Ave, Sacramento CA 95824,  
 Fax to Jenny Yarrow @ 916-808-3559 or email [jyarrow@cityofsacramento.org](mailto:jyarrow@cityofsacramento.org) . Questions call Jenny @ 916-808-6017