



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



2011/2012 QUAD RUGBY PROGRAM REGISTRATION

Athlete's Name _____ M F Birthdate _____
 Age _____ Address _____ City _____ Zip _____
 Home Phone _____ Work or Cell Phone _____
 Email Address _____

- Section 1 barcode #95823 Tuesday nights 6 PM to 9 PM @ Rosa Parks, 2250 68th Ave, Sacramento CA 95822
 Registration fee \$40 Sept 13, 20, 27, Oct 4, 11, 18, 25, Nov 1, 8, 15, 22, 29, Dec 6, 13
- Section 2 barcode #95973 Saturdays @ Leonardo de Vinci School, 4701 Joaquin Way, Sacramento CA 95822
 Registration fee \$15 Sept 24 1PM to 5 PM / Oct 15, Nov 5, Dec 10, Jan 14, 28 1 PM to 4 PM

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? _____

Diagnosis and Disability: _____

If Spinal Cord Injury, is your injury incomplete Yes No

Note: All participants must use a manual "sports" wheelchair when participating in all Paralympic Sport Sacramento quad rugby programs.

I would like to use one of Paralympic Sport Sacramento Sport Wheelchairs during quad rugby programs.

Wheelchair seat width _____ inches Wheelchair back height _____ inches

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 Quad Rugby Program. I understand that there is inherent risk involved while participating in the wheelchair sport of Quad Rugby. 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, 4623 T Street Ave, Sacramento CA 95819,
 Questions call Jenny @ 916-808-6017 or email jyarrow@cityofsacramento.org

For office use: Fees included \$ _____ received by _____ Check # _____ Cash _____ Date _____