



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 SLED HOCKEY PROGRAM REGISTRATION

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

Section 1 barcode # 96177

Saturdays 2PM to 3 PM @ Skatetown, 1009 Orlando Avenue, Roseville, CA 95661
 Sept 17, 24, Oct 15, 22, Nov 5, 19, 15, Dec 3.17, Jan 14, 28, Feb 11, 25

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 (please list all that apply)

Wheelchair: Manual Power Crutches/Canes Braces Walker

Diagnosis and Disability: _____

If Spinal Cord Injury, is your injury incomplete? Yes No

I would like to use one of Paralympic Sport Sacramento hockey sleds to skate in during sled hockey programs? Yes No If yes, what is the width of your wheelchair seat? _____ 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, 5735 47th Ave, Sacramento CA 95824,
 Questions call Jenny @ 916-808-6017 or email jyarrow@cityofsacramento.org