



SACRAMENTO

CITY OF SACRAMENTO, DEPARTMENT OF YOUTH, PARKS AND COMMUNITY ENRICHMENT, ACCESS LEISURE, 4623 T Street, Ste. B SACRAMENTO, CA 95819

TELE: (916) 808-1205 FAX: (916) 840-7657



# Northern California Regional Paralympic Sport “Thank You For Your Service” Sports Experience Day

## Thursday, April 26, 2018

This Registration form is for **ALL** of the following:

**Athlete - Volunteer – Guest- Agency representative- Vendor booth**

Name \_\_\_\_\_ M  F  Birthdate \_\_\_\_\_

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

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

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

Are you:  **A veteran with a disability**  **Volunteer**  **VA staff member or Veteran’s Service Organization Staff**  
 **Friend or family member**  **Vendor Booth (list organization below)**

**Diagnosis and Disability: CHECK ALL THAT APPLY**

Spinal Cord Injury; level of injury \_\_\_\_\_  Complete  Incomplete  Back injury

PTSD  Traumatic Brain Injury  Leg injury  Knee injury  Hip injury  Arm injury  Shoulder injury

Blind or low vision

**Limb loss**  Above knee  Below knee  Double Above knee  Double Below knee

Above elbow  Below elbow  Double Above elbow  Double Below elbow

Interest (mark all the apply) Swimming Scuba Strength and Conditioning Javelin Shot Put Discus  
 Wheelchair Softball  Wheelchair Basketball (Baseball and Basketball must use a manual wheelchair)  
Hand-cycling Tandem-cycling (for blind and low vision riders) Recumbent-cycling  Rock Climbing  
 Archery Powerlifting

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 River Cats Independence Field activities. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity.

\_\_\_\_\_  
Signature of Athlete

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

Media Release

I specifically grant permission to Paralympic Sport Sacramento and 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 River Cats Independence Field.

\_\_\_\_\_  
Signature of Athlete

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

RETURN FORM TO: Access Leisure, 4623 T Street, Ste.B, Sacramento, CA. 95819  
Email:mtabarango@cityofsacramento.org Phone: 916-808-1205 Fax 916-840-7657  
**YOU WILL RECEIVE A CONFIRMATION ONCE YOUR REGISTRATION HAS BEEN PROCESSED. THANK YOU FOR YOUR SERVICE!**