



“Rock & Roll Yosemite”

A Cycling and Rock Climbing Park Experience Course # 13672

Thanks for your interest in Rock ‘n Roll Yosemite, May 11-14, 2020. Please read and complete the following forms by the indicated dates. It is anticipated that the event will be filled to capacity, so participants will be accepted on a first come basis.

To be eligible for this camp, you **MUST** have attended an Access Leisure cycling event to be evaluated for your ability level and to be fitted for a loaner cycle if one is needed. Exceptions to this can be made, if you are a cyclist, and are in condition to ride in high altitudes for 15 plus miles. We cannot register you without prior knowledge of your cycling skills or to be given the opportunity to teach any skills necessary for you to have an enjoyable, safe time at camp.

No medical marijuana will be allowed at this camp. This camp is located on federal property and no marijuana is allowed in the park, therefore, a valid card for the use of medical marijuana is not accepted for use of this substance in Yosemite National Park.

No firearms or weapons are allowed at this camp.

Campers must make arrangements for their own transportation to and from the camp.

Forms to be completed and returned, no later than April 15, 2020

- Registration Form w/ deposit
- Medical History Form
- Liability and Photo Release

Payment Schedule: \$450

- Deposit: \$100 (due April 15, 2020)
- Final Payment: \$350 (due April 30th)

Please Note: Final payment must be received by April 30, 2020 or your spot will be forfeited to those on the waiting list.

Waiting list cyclist:

Payment Schedule:

- Deposit: \$100 (due April 30th, 2020)
- Final Payment: \$350 (due May 5th)

Checks made payable to: “Access Leisure, City of Sacramento”

Refund Request Deadline: April 25, 2020. Refund requests after April 25th to include “Final Payment” only. NO REFUNDS after April 26, 2020

On-line Registration: <https://apm.activecommunities.com/cityofsacparksandrec/Home>

Mail Payment and Registration to: Access Leisure - Coloma Community Center 4623 T Street, Suite B, Sacramento, CA 95819 FOR MORE INFORMATION CONTACT: JENNY YARROW AT 916-808-6017

E-MAIL: JYARROW@CITYOFSACRAMENTO.ORG



SACRAMENTO

"Rock & Roll Yosemite"
A Cycling Park Experience
May 11-14, 2020



Registration Form

Name: _____ **Gender:** _____
(LAST) (FIRST) (M) (F)

Address: _____
(STREET)

(CITY) (STATE) (ZIP)

Phone: (____) _____ - _____ **Date of Birth:** ____/____/____
(MM/DD/YY)

Cell # (____) _____ - _____

E-mail: _____ **T-shirt size** _____

Number of Years Handcycling? _____ **Do you have a bike?** Yes _____ No _____

I would like to use one of Access Leisure's Hand-cycles if available.

Participants Physical Challenge(s): _____

Assistive Devices: Wheelchair ____ Crutches ____ Braces ____ None ____

Participants will be required to perform all activities of daily living. No medical or personal care services will be provided through the Rock 'n Roll Yosemite program. There are medical services available in the valley through Yosemite National Park.

Housing: (Housing is based on double occupancy for each cabin)
(http://www.yosemitepark.com/Accommodations_HousekeepingCamp_LodgingDetails.aspx)

Preferred Roommate(s): _____

Nutritional Restrictions: _____

Signature: _____ **Phone:** (____) _____ - _____

Health History Form

Emergency Contact: _____ (NAME) _____ (PHONE) - _____

Address: _____ / _____ / _____
(STREET) (CITY) (ZIP)

Relationship: _____ (cell) _____

Disability (describe in detail): _____

Recent Health Concerns: Describe any significant illnesses &/or operations in past 2 years.

Describe any specific physical limitations: _____

Describe Any Range-of-Motion Limitation: _____

History of Seizures? _____
(yes) (no)

Medications (describe current medications w/ dosage & frequency): _____

Allergies & Reactions: _____

Medical Insurance (required): Provider: _____

Insurance Carrier: _____ Policy #: _____

Physician Name: _____ Phone #: (_____) _____ - _____

In the event of an injury the participant will be attended by medical personnel from Yosemite National Park &/or area Hospitals, as appropriate.

Waiver: I have read and understand all included registration material. As a participant in “Rock ‘n Roll Yosemite” I understand that there are inherent risks involved with the recreational activities as outlined. And as a participant waive all claims against “Rock ‘n Roll Yosemite”, it’s organizers, employees, or volunteers for any injury, accident, illness, or death occurring during any activities associated with the event.

Signature – Participant (or guardian) Date (mm/dd/yy)

Photo Consent: I give permission for personnel associated with “Rock ‘n Roll Yosemite” to photograph &/or videotape me during participation in event activities for use in promotional or public relations purposes.

Signature – Participant (or guardian) Date (mm/dd/yy)

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? _____

ARE YOU ABLE TO CAR-POOL WITH OTHER CAMPERS AND THE GROUP? _____

OFFICE USE ONLY: Course # 13672

Processing Date: _____ Payment Forms: _____ Deposit: _____

Check/MO# _____ Payment Amount: _____