CITY OF SACRAMENTO
DEPARTMENT OF YOUTH, PARKS, AND COMMUNITY ENRICHMENT
ACCESS LEISURE, 4623 T STREET, STE.B, SACRAMENTO, CA,
95819 TELE: (916) 808-6045 FAX: (916) 840-7657

SACRAMENTO

SAN FRANCISCO GIANTS WHEELCHAIR TEAM TRY OUT PRE REGISTRATION FORM - 2019

SATURDAY, April 27, 9:00am to 4pm AND SUNDAY, April 28, 9am to 3pm,
MUST BE AGE 18 OR OLDER TO APPLY

Athlete's Name_____ M ☐ F ☐ Birthdate _____

Age ____

Address _____ City_____ Zip_____

Day Phone _____ Evening Phone _____ Cell _____

Email Address (please print your email CLEARLY below)

_____

Are you a veteran or injured member of the Armed Forces? ☐ Yes ☐ No

Type of Mobility- all players **MUST use a manual wheelchair** for both days of the try outs

☐ I will provide my own, personal manual wheelchair

☐ I would like to borrow one of Access Leisure's sport wheelchairs for use for the May 5th, and May 6th, 2018, San Francisco Giants wheelchair team tryouts.
Weight _____ Height _____ Chair seat size _____

Diagnosis and Disability: _____

In the event that I am selected to be a member of the San Francisco Giants wheelchair team, my jersey size is:

Male Adult Size: ☐Small ☐Medium ☐Large ☐XL ☐XXL Other: _____

Female Adult Size: ☐Small ☐Medium ☐Large ☐XL ☐XXL Other: _____

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Access Leisure, and the San Francisco Giants, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the San Francisco Giants wheelchair team try outs. 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 San Francisco Giants, the City of Sacramento, Sacramento River Cats, National Softball Association, and the Paralyzed Veterans of America, 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 Wheelchair Giants team.

_____ _____
Signature of athlete Date Signed

Scan and email completed form by 4/16/19, to: Kou Yang:
KYang2@cityofsacramento.org or fax to, Attention: Kou Yang @ 916-840-7657
Questions about the try outs? Please call Kou Yang @ 916-808-6045 or email : KYang2@cityofsacramento.org