



WOODLAKE PARKS & REC

**ROAR**

RETHOUGHT OPPORTUNITIES FOR ADAPTIVE RECREATION



# SOCCER CLINIC



**SAT, DEC 7TH AT 1:00PM**

CASTLE ROCK SOCCER FIELDS: 360 N. CASTLE ROCK ST.

**THIS SOCCER CLINIC IS EXCLUSIVELY FOR THOSE WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILY & FRIENDS. SPOTS ARE LIMITED!**

This clinic is designed for those who want to experience the excitement of soccer in a supportive and inclusive environment with WHS Soccer players & Staff. All participants will receive a t-shirt, water bottle & soccer ball! Participants must be age 4+ & accompanied by a family member/guardian at the clinic.

## TO REGISTER:

If you are a CVRC Member, please contact your Service Coordinator to register.

If you are not a CVRC Member, please email Jennifer at [JReynolds@ci.woodlake.ca.us](mailto:JReynolds@ci.woodlake.ca.us) or stop by Woodlake City Hall (350 N. Valencia)





# R.O.A.R. SOCCER CLINIC REGISTRATION FORM

## FAQ

**HOW TO COMPLETE THE FORM:** Please complete one form per attendee. Please take the time to describe athletic abilities & limitations so that instructors are prepared for adaptations. **Return completed form to JReynolds@ci.woodlake.ca.us or at Woodlake City Hall (350 N. Valencia)**

**REQUIREMENTS:** Must be at least 4 years old. All participants must have a caretaker present & willing to assist during the whole clinic.

**WHAT'S THE COST:** \$50 per participant

**[CVRC POS Request Information: Service Provider # HC1738 | Service Code: 063 | Sub Code: SRAHC | Service Date: 12/7/24 | Service Units: 1 ]**

**WHAT IS PROVIDED:** Each registered participant will receive instruction from WHS Soccer teams, a t-shirt, water bottle & soccer ball.

**WHEN WILL I BE CONTACTED NEXT:** Thursday, December 5th an email with additional information will be sent out to all registered participants, specifying when & where to check in for the clinic & other pertinent details.

**PARTICIPANT'S NAME:** \_\_\_\_\_ **AGE AS-OF DEC 1ST, 2024:** \_\_\_\_\_

**CITY:**  Woodlake  Exeter  Three Rivers  Hanford  Visalia  Porterville  Visalia

**OTHER:** \_\_\_\_\_ *\*If other, list your City here\**

**GENDER:** \_\_\_\_\_ **CURRENT SCHOOL (if applicable):** \_\_\_\_\_

**PARENT/GUARDIAN 1:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_ This person will be on-site for the clinic:

**PARENT/GUARDIAN 2:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ I opt-in for ROAR emails:

**This Participant IS a CVRC Clint:**  
CVRC Service Coordinator Name: \_\_\_\_\_  
CVRC Service Coordinator Email Address: \_\_\_\_\_

**This Participant IS NOT a CVRC Clint**  
Not a CVRC member? No problem! This sports clinic is \$50 per participant. Please call Jennifer at the City of Woodlake for more information at 559-769-4007.

### \*\*ABILITY LEVEL DETAILS\*\*

We want this to be an enjoyable experience for everyone, so if you don't mind sharing with us some more information on the participant's ability level, challenges, devices that will accompany the participant (headphones, crutches, wheelchair, etc.) - any & all information is very much appreciated so that we can try to make everyone feel included & comfortable! Thank you!





350 N. VALENCIA BLVD.  
WOODLAKE, CA 93286  
PHONE: 559.564.8055  
FAX: 559.564.8776  
EMAIL: JREYNOLDS@CI.WOODLAKE.CA.US  
WWW.CITYOFWOODLAKE.COM



(initials)

### PHOTOGRAPHY / VIDEO RELEASE

I understand that the City of Woodlake Parks and Recreation may take pictures and/or video for use in a City publication, educational purposes or social media posts. My initials indicate approval for the use of such photography/video in which I or my child may appear. I understand that I will not receive compensation for the use of the pictures/video.

### MEDICAL RELEASE

I hereby give consent for the previously-mentioned player to participate in the City of Woodlake Parks and Recreation Programs during the current season. I give permission to the league, its officers, or representatives, to provide medical treatment in case of an emergency or injury to the above registered player.

### CITY OF WOODLAKE PARKS AND RECREATION RELEASE. WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT FORM. READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in the **City of Woodlake Parks and Recreation**, athletic sports or recreation programs, and related events and activities, the undersigned acknowledges, appreciates, and agrees that ***the risk of serious injury including, but not limited to, permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk.*** Therefore:

- 1) **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF WOODLAKE** or others, and assume full responsibility for my participation;
- 2) I willingly agree to comply with the stated and customary terms and conditions of participation. **IF I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL EITHER REMOVE THE HAZARD, IF POSSIBLE, OR DISCONTINUE MY PARTICIPATION** and/or bring such hazard to the attention of the nearest official immediately; and
- 3) **I WILLINGLY AGREE TO COMPLY WITH ALL STATE GUIDELINES** as directed by the State of California for participation and spectating in regard to **PROTECTION AGAINST INFECTIOUS DISEASE INCLUDING COVID-19.**
- 4) I, for myself, my heirs, assigns, personal representatives and next of kin, hereby **RELEASE AND HOLD HARMLESS** the City of Woodlake, their officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers and owners and lessors of the premises used to conduct the event, for **ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **ARISING FROM THE NEGLIGENCE** of the above named organization.

This is to certify that I, as parent or legal guardian, have **LEGAL RESPONSIBILITY** for this participant. I have read and understand the significance of this **RELEASE AND WAIVER** and do consent and agree to his/her waiver, release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the City of Woodlake and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs **ARISING FROM THE NEGLIGENCE** of the City of Woodlake and associated persons.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date