



2026 R.O.A.R. PROGRAM REGISTRATION FORM

FAQ

WHAT IS THIS FORM FOR?: This form is for new ROAR program participants. You only have to complete this form once, at the beginning of each new year, and you will then be pre-qualified to attend our ROAR programs throughout the year & we will only need minimal info for those.

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 all ROAR events.

WHAT'S THE COST: Our programs are free to CVRC clients. Nominal registration fees may apply to non-CVRC clients.

WHEN WILL I BE CONTACTED NEXT: We communicate new event information by email—please check your spam folder! We try to host at least one event per month. To attend an event, you will need to complete a small RSVP form to let us know you will be attending.

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** _____

CITY OF RESIDENCE: Woodlake Exeter Three Rivers Hanford Visalia Porterville Tulare

OTHER: _____ *(If you live in another City—list that here. The ROAR program is open to all areas!)*

GENDER: _____ **CURRENT SCHOOL (if applicable):** _____

T-SHIRT SIZE: Youth Small YM YL Adult Small AM AL AXL A2XL

PARENT/GUARDIAN 1: _____ **CELL #:** _____

PARENT/GUARDIAN 2: _____ **CELL #:** _____

EMAIL ADDRESS: _____ I opt-in for ROAR emails:

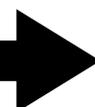
This Participant IS a CVRC Clint:
CVRC Service Coordinator Name: _____
CVRC Service Coordinator Email Address: _____

This Participant IS NOT a CVRC Clint
Not a CVRC member? No problem! For questions, reach out to Jennifer at JReynolds@ci.woodlake.ca.us

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!

Please sign the liability waiver on the back of this form...



(initials)

I AM AWARE OF MY TITLE 22 PERSONAL RIGHTS:

- 1) To be accorded dignity in his/her personal relationships with staff, residents, and other persons.
- 2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
- 3) To be free from corporal or unusual punishment, humiliation, intimidation, mental abuse, or other actions of a punitive nature, such as withholding of monetary allowances or interfering with daily living functions such as eating or sleeping patterns or elimination.
- 4) To be informed by the licensee of the provisions of law regarding complaints and of procedures to confidentially register complaints, including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency.
- 5) To have the freedom of attending religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services either in or outside the facility, shall be on a completely voluntary basis.
- 6) To leave or depart the facility at any time and to not be locked into any room, building, or on facility premises by day or night. This does not prohibit the establishment of house rules, such as the locking of doors at night, for the protection of residents; nor does it prohibit, with permission of the licensing agency, the barring of windows against intruders.
- 7) To visit the facility prior to residence along with his/her family and responsible persons.
- 8) To have his/her family or responsible persons regularly informed by the facility of activities related to his/her care or services including ongoing evaluations, as appropriate to the resident's needs.
- 9) To have communications to the facility from his/her family and responsible persons answered promptly and appropriately.
- 10) To be informed of the facility's policy concerning family visits and other communications with residents. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
- 11) To have his/her visitors, including ombudspersons and advocacy representatives permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed upon.
- 12) To wear his/her own clothes; to keep and use his/her own personal possessions, including his/her toilet articles; and to keep and be allowed to spend his/her own money.
- 13) To have access to individual storage space for private use.
- 14) To have reasonable access to telephones, to both make and receive confidential calls. The licensee may require reimbursement for long distance calls.
- 15) To mail and receive unopened correspondence in a prompt manner.
- 16) To receive or reject medical care, or other services.
- 17) To receive assistance in exercising the right to vote.
- 18) To move from the facility.

(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

MEDICAL RELEASE

I hereby give consent for the previously-mentioned program participant to participate in the City of Woodlake ROAR Parks and Recreation Programs during the 2026 year. 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 participant.

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 ROAR Parks and Recreation Program**, 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