SALT LAKE COUNTY RECREATION
CANYONS SCHOOL DISTRICT

Alta Football Winter Explosion Camp 2010

DATES: January 11th through February 18th

TIME: 4:00 – 5:30 pm Tuesday/Wednesday/Thursday

GRADES: 7th, 8th and 9th grades

COST: $75.00

LOCATION: Alta High School Football Fieldhouse

STAFF: Alta Football Coach Les Hamilton & Staff

SALT LAKE COUNTY

REGISTRATION BY MAIL OR THE 1ST DAY

Or register Online at www.activityreg.com Click on Utah, Click on County Sports Office, Then Programs

Make checks payable to: **Salt Lake County Recreation**

Send registration form and fee to:

Salt Lake County Recreation
5201 South Murray Park Lane
Murray, Utah 84107

For more information call:

Les Hamilton 644-3744
Recreation Office 270-7260
altahawksfootball@hotmail.com

Alta Football Spring Explosion Camp 2007

Name of Participant_____ Male_____ Female_____
Last First

Address_____

City_____ State_____ ZipCode_____

Name of Parent or Guardian_____

Telephone Numbers_____(Home) _____ (Work)

Birth Date_____ Age_____ School Grade_____

In case of Emergency, please notify (Name)_____(Phone #)_____

PARENT STATEMENT OF AGREEMENT
ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNIFICATION AND REFUND POLICY

1. **Release and Indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and its officers and employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
2. **Refund Policy:** As per Salt Lake County policy and procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.
3. **Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the events that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.
4. **Emergency Treatment:** I hereby authorize Salt Lake County Parks and Recreation program staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.
5. **Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.
6. By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

_____ _____
Signature (Parent or Legal Guardian) **Date**

OFFICE USE ONLY.... TILL ID # AMOUNT PD. DATE