



SALT LAKE COUNTY RECREATION
JORDAN SCHOOL DISTRICT

Girls Volleyball & Basketball Camp@ Riverton High 2009

Fine tune your Volleyball & Basketball Skills - learn drills & strategy through fun competition & contests with prizes

DATES: Monday, June 8th – Thursday, June 11th, 2009

TIME: Basketball 4:00 – 6:00 pm Volleyball 6:00 – 8:00 pm Combination 4:00 – 8:00 pm

GRADES: Next years' 4th – 8th

COST: Basketball Only: \$40.00 Volleyball Only: \$40.00 Combo: \$75.00 Includes a T-Shirt

LOCATION: Riverton High School Main Gym

STAFF: RHS Girl's Basketball & Volleyball Coaches

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:
Trudy Pecorelli 256-5852 trudy.pecorelli@jordan.k12.ut.us
Ron Ence 256-5853 or 463-1485 ron.ence@jordan.k12.ut.us
Recreation Office 270-7260

Girls Basketball & Volleyball Camp @ Riverton High 2009 (Check One) Basketball Volleyball Combo

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

- 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.
- 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.
- 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.
- 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.
- Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide reasonable accommodations to individuals with disabilities.
- 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) _____

T-shirt Size (Circle One) Yth Small Yth Med. Yth Large Adult Small Adult Med. Adult Large Adult X-Large

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