

Sign Up to play Soccer in our brand NEW GYM!!!



FALL



INDOOR SOCCER



What: Indoor recreational soccer program where fun and skill building are the main focus. Modified soccer rules will be in affect.

When: Coaches Meeting October 15
Organization Day October 19
Games start October 22
Games will be played on Thursday Nights for 5 weeks (with 1 Saturday game)

Where: Copperview Recreation Center
8446 S Harrison Street

Program Includes: T-Shirt, 6-games & Participation Award

Fee: \$ 15 (If qualify for free lunch*)
\$ 15 (If qualify for reduced lunch*)
\$ 20 (Full fee)

*Proof MUST be brought in at time of registration. NO EXCEPTIONS!!
—Scholarships are available. Inquire at the front desk—

Registration Due October 16th !!!!

Co-ed Leagues:

- Pre-K (3-4 yr olds)*
- Kindergarten*
- 1st & 2nd grades
- 3rd & 4th grades
- 5th & 6th grades

Up to 10 players on each team.

* Leagues may be combined due to numbers of participants.

COACHES WANTED!

Volunteer as a head coach, assistant coach or team parent! Help your child have a fun soccer experience!

Become a County Certified Coach and receive a \$25.00 voucher to be used for a qualifying youth sports registration fee. Contact your local program coordinator for more information.

Questions call: 801-559-1500



Register:

By mail or in person:
Copperview Recreation Center
8446 South Harrison St.
Midvale, Utah 84047

On line:

www.activityreg.com**
**\$2.00 service charge



Checks need to be made out to Salt Lake County & have valid drivers license number

www.recreation.slco.org/copperview

"Improving Lives Through People, Parks, and Play"



Salt Lake County Parks & Recreation Copperview Recreation Center Indoor Soccer Registration Form

Name of child _____ girl boy
PLEASE PRINT: (last name) (first name)

LEAGUE: Pre-K K 1 & 2nd Grade 3 & 4th Grade
 5 & 6th Grade

Address _____ City _____ State _____ zip _____

School _____ Grade _____ Birthday _____ Age _____

Parent or Guardian _____ Phone: _____ Work: _____

In emergency notify (other than parent or guardian) _____

Address _____ Phone: _____ Work: _____

How did you hear about this program? _____

E-Mail Address _____

I would like to play on the same team as: _____

VOLUNTEERS WANTED!! Head Coach Ast. Coach Team Parent
 Name: _____ Phone #: _____ email: _____

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund policy

Release & Indemnification: I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injury 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, 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, that may result from my child's participation in Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization and 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 event 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's Office for collection.

Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment 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: I hereby authorize 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, and that I agree to its terms.

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

OFFICE USE ONLY... Receipt No. _____ Amt. \$ _____ Recv'd. by _____
 Date _____ Code of Conduct _____ Information Sheet _____