



from Youth Coed Volleyball

For Girls & Boys Grades 4th – 9th

WHAT: Recreational Coed Volleyball Leagues
Players learn the rules and basic skills of volleyball with an emphasis on fun and sportsmanship. This is not a competitive program.

WHEN: Saturdays starting with a clinic for all teams on September 19th.

DIVISIONS: 4th-6th Grade
(plays Sat. mornings/early afternoons)
7th-9th Grade
(plays Sat. afternoons)

WHERE: Dimple Dell Fitness & Recreation Center
(10670 S. 1000 E.)

FEE: \$36 Includes clinic, 7 matches, weekly practice time, and team shirt

DEADLINE: August 24th, 2009

TO REGISTER:

Obtain , complete, and return registration form with payment to:
Dimple Dell Fitness & Recreation Center (10670 S. 1000 E.)
Or register online

DIMPLE DELL CENTER HOURS:
MON-THUR: 5:30 AM – 10:00 PM
FRIDAYS: 5:30 AM – 9:00 PM
SATURDAYS: 7:00 AM – 9:00 PM
SUNDAYS: 10:00 AM – 4:00 PM

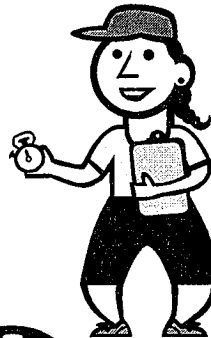
DEADLINE: AUG. 24, 2009

Registrations received after the deadline will be assessed a \$5.00 late fee. Registration is limited to space available.

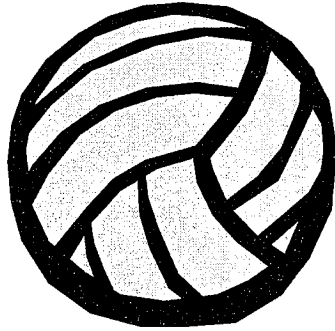
FOR MORE INFO 495-1480

Online Registration: www.activityreg.com
Check out www.recreation.slco.org/dimpledell

WE NEED COACHES!
Please indicate on registration form if you would like to volunteer as a Coach or Assistant Coach.



DIMPLE DELL
FITNESS & RECREATION CENTER



Youth Coed
VOLLEYBALL

REGISTRATION FORM

Please check appropriate box:

DIVISION:

4th—6th Grade

7th—9th Grade

WE NEED COACHES!
I would like to volunteer as:

Coach Asst. Coach

Name: _____ Phone: _____

Name of Player _____ Boy _____ Girl _____

Birthday _____ Age _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Home Phone _____ Work _____

In Emergency Notify (other than parent / guardian) _____ Emergency Phone: _____

For Email Notification please list email here: _____

**(Player requests MUST be stapled together to be guaranteed.
Requests made after deadline are not guaranteed!)**

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

- Release:** 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 release, waive, and discharge Salt Lake County, its officers and employees from any and all liability except that caused solely by the negligence of Salt Lake County, that may result from my child's participation in Parks & Recreation activities.
- Refund:** As per Salt Lake County policy and procedures, the Parks and 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 Attorney for collection.
- Emergency Treatment:** I hereby authorize Salt Lake 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 and 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, 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.....Receipt #: _____ Amt.: _____ Date: _____ By: _____