



Youth Fall Tee-Ball



A non-competitive, learn-to-play program in which players hit the ball from a stationary tee at home plate. Players learn the rules and basic skills of baseball with an emphasis on fun and sportsmanship.

Price: \$36.00/player: includes 8 games, jersey & hat
 \$31 - (If eligible for Reduced meals)
 \$26 - (If eligible for Free meals)

Where: West Jordan Veteran's Memorial Park
 (8015 S. 2200 W.)

Game Days: Tuesday & Thursday Evenings

Opening Day: Tuesday, Sept 1, 2009

“Improving lives through people, parks and play”



Registration Deadline:

Thursday August 20, 2009

On line registration available @
 www.activityreg.com

Register at:

Gene Fullmer Fitness & Recreation Center

8015 S. 2200 W.

563-8440

West Jordan, UT 84088

Check League:

_____ Tiny Tykes (4 yrs & Kind)

_____ Pee Wees (1st & 2nd Grade)



We need Parent Volunteers!



I would like to volunteer as:

Name _____ **Asst. Coach**

Phone _____ **Coach**

Name of Participant _____ (First) _____ (Last)

Address _____ City _____ Zipcode _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birth date ____/____/____ Age ____ Grade ____ School _____ Male or Female

Parent/Guardian _____ Shirt Size _____

In emergency notify (other than parent/guardian) _____ Home Phone _____ Work Phone _____
 I would like to play with _____ who attends _____ School.

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 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: 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 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 there from. 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.

Understanding: 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 of parent or legal guardian _____ Date _____

Office Use Only...Receipt no. _____ Amt. _____ Date: _____ By: _____