

OFF-TRACK SUPER SPORT

Off Track Program for girls and boys, grades Kindergarten – 6th
~Sign up weekly or daily~

Program includes Basketball, Soccer, Volleyball,
Swimming, Floor Hockey, Kickball, and much, much more!!!

Choose Week or SINGLE DAY (you may choose more than one):

C-Track	<input type="checkbox"/> Mon.-Fri. Aug 17-21	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Aug 24-28	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Aug 31– Sept 4	10:30 am – 2:30 pm	Fee: \$35
B-Track	<input type="checkbox"/> Tue.-Fri. Sept 8-11	10:30 am – 2:30 pm	Fee: \$28
	<input type="checkbox"/> Mon.-Fri. Sept 14-18	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Sept 21-25	10:30 am – 2:30 pm	Fee: \$35
A-Track	<input type="checkbox"/> Mon.-Fri. Oct 5-9	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Oct 12-16	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Oct 19-23	10:30 am – 2:30 pm	Fee: \$35
D-Track	<input type="checkbox"/> Mon.-Fri. Oct 26-Oct 30	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Nov 2-6	10:30 am – 2:30 pm	Fee: \$35
	<input type="checkbox"/> Mon.-Fri. Nov 9-13	10:30 am – 2:30 pm	Fee: \$35

ANY SINGLE DAY Fee: \$10

Weekly admission \$7 per day. Daily admission is \$10 per day.
Pre-registration recommended.



**Register at the
Marv Jenson Center
(10300 S. Redwood Rd.)
Online Registration:
www.activityreg.com**

**Kids eat lunch at noon and swim from 1:00pm to 2:00pm.
Remember a sack lunch, swim suit, towel and gym shoes.**

SUPER SPORT REGISTRATION FORM (Please print clearly)

Name of Participant _____ Boy _____ Girl _____
 Birthday _____ Age _____ Grade _____ School _____
 Address _____ City _____ State _____ Zip _____
 Parent or Guardian _____ Home Phone _____ Work _____
 In Emergency Notify (other than parent / guardian) _____ Phone: _____

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. 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 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:
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