SALT LAKE COUNTY RECREATION
GIRLS SPRING FLING 2011

TEAM ROSTER **Division:** (circle one) 5/6 7/8 9/10 JV VAR **COMPETITIVE LEVEL:** (Rate your team's strength) Division I Division II

Team Name: **Email:** **Coach T-Shirt Size**

Coach: **Home # : ( )** **Cell #: ( )**

Address: **City:** **Zip:**

PARENTS PLEASE READ BEFORE SIGNING. PHONE # 270-7260 / FAX # 281-0941

1. I hereby recognize and acknowledge that participants in recreational activities may involve bodily injury or emotional injury to my child and others. In consideration of my child being permitted to participate in Salt Lake County Parks & Recreation sponsored activities, I hereby voluntarily and knowingly execute this release with the intent of binding myself, the below-named minor, and any others having an interest, and do hereby expressly release, waive, and discharge Salt Lake County, its officers and employees, from all liability or claims therefore resulting from my child's participation in the above-referenced Parks & Recreation activities.
2. I hereby consent to my child's participation in the Recreation programs, including transportation in County operated vehicles, as appropriate, and do further authorize Salt Lake County Parks & Recreation staff to act on my behalf in accordance with their best judgment in the case of an emergency and do agree to assume full responsibility for all medical expenses that may arise therefrom.
3. By signing this document, I acknowledge that I have read its contents and disclosure, that I understand them, and that I agree to the terms hereof. I further acknowledge that this release is intended to be as broad and as inclusive as may be permitted by the laws of the State of Utah, and that if any portion here from is found to be invalid, it is agreed that the balance shall continue in full force and effect.

T-SHIRT SIZE	BIRTHDATE	PLAYER'S NAME	ADDRESS	CITY	ZIP	PHONE #	PARENT/GUARDIAN SIGNATURE

REFUND POLICY: 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, and no refunds shall be given after the first day of the program. I as manager of the above named team accept responsibility 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 10 days or more will be turned over to the Salt Lake County Attorney's Office for collection.

** TEAM RESERVATION REQUIRED BY APR. 1ST AT ANITAROWLAND@COMCAST.NET*

MAIL TO: SALT LAKE COUNTY RECREATION
ATTN: 2011 GIRLS SPRING FLING
5201 SOUTH MURRAY PARK LANE, MURRAY UT 84107

COACH SIGNATURE:

OFFICE USE ONLY….	Till ID No:	Amount Paid:	Received By:	Date: