

Spence Eccles Field House  
**2017 SPRING**  
**JR. BEES**



**Tee Ball/Coach Pitch**

Tee Ball: Boys & Girls ages 3-6  
Coach Pitch: Boys & Girls ages 7-8  
(Based on age on April 17th, 2017)

**Program Includes:**

Hat, Shirt, 2 Salt Lake Bees Vouchers,  
Orientation Day, 5 Games, Participation Award

**WHERE:** Spence Eccles Field House 650 S. Guardsman Way (1580 E.)

**WHEN:** Monday Evenings (April 17th - May 22nd)

T-Ball Ages 3-4 (Instructional)	6:15 - 7:00 pm
T-ball Ages 5-6	6:15 - 7:00 pm
Coach Pitch Ages 7-8	7:00 - 7:45 pm

T-Ball & Coach Pitch rely on the help of volunteer parents - more volunteers means greater success!  
Instructional T-Ball will include clinics taught by staff & shorter games

**PRICE:** \$40 - Financial assistance available for qualified patrons that register in person.

**ORIENTATION:** Monday, April 17th\*\*

T-Ball 6:15 pm / Coach Pitch 7:00 pm

\*\* Includes uniform pickup and 30-minute optional practices.

**REGISTRATION:** Registration deadline is April 3rd \*\*\*\$5 Late fee added after registration deadline.

Register In-Person  
Salt Lake City Sports Complex  
645 S. Guardsman Way (1580 E.)

More info and to Register Online  
[www.slco.org/sports-complex](http://www.slco.org/sports-complex)  
(385) 468-1925

\*\*\* Space is limited, roster spots available on a first-come, first-served basis.



# Registration Form

Parents!!!

**VOLUNTEER COACHES NEEDED!**

Parents!!!

Coaches' Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Head Coach

Assistant Coach

I would like to play with \_\_\_\_\_

**All ages based on Orientation Day (April 17th):**

T-Ball: Boys & Girls ages 3 - 4

T-Ball: Boys & Girls ages 5 - 6

Coach Pitch: Boys & Girls ages 7 - 8

**PLEASE NOTE!**  
If 3 or more children request  
to be on the same team,  
a coach must be provided!

If your 3 or 4 year old has played before and you would like to sign up for the 5-6 year old division, you are welcome to sign up for that Division. If your 6 year old has played in a league before, they are also welcome to move up to our Coach Pitch Division, if you choose.

Name of Participant \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (other than guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_



Check here to be contacted about inclusion opportunities for people with disabilities.

**Parental Code of Ethics**

**As A Parent I will:** Remember that the game is for the players and not for the parents. Do my very best to make this sport FUN for my child. Place the emotional and physical well being of my child ahead of any personal desire to win. Demonstrate GOOD SPORTSMANSHIP by giving POSITIVE SUPPORT and ENCOURAGEMENT to all players, coaches, officials, and recreation staff at every practice and game. Support the coaches, officials, and recreational staff with respect regardless of race, sex, creed, or ability. I will expect my child to do likewise.

**Consequence for Breaking Code of Conduct:** First offense you will be given a card from site supervisor and/or a verbal warning. Second offense you will be removed from the game/practice and be suspended from attending the next game/practice. Third offense you will be suspended from attending the remainder of your child's games/practice.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL STATEMENT OF AGREEMENT**

**ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNIFICATION AND REFUND POLICY**

- Release and Indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able 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 or my child's participation in Salt Lake County Parks and Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my or my child's participation.
- 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 and 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 and 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 pay for such emergency treatment.
- Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed or gender and will, upon request, provide reasonable accommodation 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, that I understand its contents and disclosure, and that I agree to its terms.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY...Receipt No.	Amt.	By.	Date
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