

Holladay Lions Recreation Center

# ITTY BITTY SUMMER GAMES



Boys and Girls  
Ages 3-5 years



Select Thursdays per month where kids play various summer and picnic games including freeze tag, capture the flag, kickball, soccer, and other games. Each week is a different game!

Registration includes the selected Thursdays each of the specific month, and a snack after each session.

Fee: \$15 per June  
\$20 for July  
\$15 for August

PRE-REGISTRATION IS REQUIRED!

Online Registration at:  
[www.recreation.sico.org/holladaylions](http://www.recreation.sico.org/holladaylions)

Or in person at:  
Holladay Lions Recreation Center  
1661 East Murray Holladay Rd.

## Thursday Mornings at the Holladay-Lions Field

### June (\$15)

Thursdays 15, 22, 29  
New Time!! 9:00-9:45am

### July (\$20)

Thursdays 6, 13, 20, 27  
New Time!! 9:00-9:45am

### August (\$15)

Thursdays 3, 10, 17  
New Time!! 9:00-9:45am

For additional information  
email:

Ashley @ [Alyons@sico.org](mailto:Alyons@sico.org)

# Holladay Lions Recreation Center Registration Form

Check the box for the month and day for which you'd like to register

JUNE

JULY

AUGUST

Thursdays 15., 22, 29 (\$15)

Thursdays 6, 13, 20, 27 (\$20)

Thursdays 3, 10, 17 (\$15)



Name of Child \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_


Birthday & Year \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_


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

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

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

Email Address (used for notification of cancellations and such) \_\_\_\_\_

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

 For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or abowen@slco.org.

## Parental/ Participant Statement of Agreement Assumption of Risk, Liability Release, Indemnification and Refund Policy

- 1. Release & Indemnification:** I hereby, recognize and acknowledge 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 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 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.
- 2. 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.
- 3. 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.
- 4. 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 pay for such emergency treatment.
- 5. Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, or gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.
- 6. Media Consent:** I hereby grant permission to Salt Lake County (SL County) to use my or my children's Photograph, Videotaped Image, Quotes/Comments, Name for publicity and educational purposes in any and all publications and media without limit or reservation.

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 disclosures, and that I agree to its terms.

Signature (Parent or Legal Guardian): \_\_\_\_\_ Date \_\_\_\_\_

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