

Spence Eccles Field House  
**2017 SPRING YOUTH SOCCER LEAGUE**  
**INSTRUCTIONAL SOCCER**



**Saturday League**

**Pre-K • Kinder • 1/2nd Grade**  
•(PK Ages: 3-4) (Kinder Ages: 5-6) (1/2nd Grades) •



**WHERE:** Spence Eccles Field House - 650 S. Guardsman Way (1580 E.)  
**PRICE:** \$50 - Financial assistance available for qualified patrons.  
**INCLUDES:** Jersey, shorts, socks, soccer ball, 3 clinics, 5 games.

**Description:** During the 8 week program we will offer an immersion program that is in both a clinic as well as a game setting. During the first 3 weeks of the program, heavy instructional involvement and a clinic type of environment that will help introduce the fundamentals of soccer participants. During the following 5 weeks, each team will have scheduled games against another team in the league.

**PRE-K:** **Clinics:** March 18, 25 & April 1 **Games:** April 8, 22, 29, May 6, 13  
Your team will be scheduled for 1 hour between 1pm - 5pm.

**KINDER:** **Clinics:** March 18, 25 & April 1 **Games:** April 8, 22, 29, May 6, 13  
Your team will be scheduled for 1 hour between 1pm - 5pm.

**1/2nd Grade:** **Clinics:** March 18, 25 & April 1 **Games:** April 8, 22, 29, May 6, 13  
Your team will be scheduled for 1 hour between 1pm - 5pm.

**Goal of the Season:** This is a new program that we are introducing this spring. Our goal is to teach the proper rules, skill development, and create a fun environment for the kids.

Any Questions: email Lisa at [lisjohnson@slco.org](mailto:lisjohnson@slco.org)

**REGISTRATION:** **Registration Deadline: March 4th, 2017**

**Register In Person:**

Salt Lake City Sports Complex  
645 S. Guardsman Way  
(385) 468-1925

**Register Online:**

[www.activityreg.com](http://www.activityreg.com)  
(Utah - Salt Lake City Sports Complex -  
Register for Activities - Youth Sports)

\* \$5 Late fee added after registration deadline.



Schedules will be posted online:  
[www.quickcores.com/sportscomplex](http://www.quickcores.com/sportscomplex)



For inclusion opportunities for people with disabilities,  
contact Ashley at 385-468-1520 or [abowen@slco.org](mailto:abowen@slco.org).

# REGISTRATION FORM

Spence Eccles Field House - Spring Instructional Soccer 2017



PARKS & RECREATION

**WE NEED COACHES!**

I would like to volunteer as a coach!

Coach Name: \_\_\_\_\_

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

Coach Email: \_\_\_\_\_

**LEAGUE DIVISION:** (Based on age/grade on April 18, 2017)

Pre-K (3-4 years)       Kinder (5-6 years)

1/2nd Grade

Name of Participant \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Girl  Boy

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

Parent or Guardian Email \_\_\_\_\_

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

**NOTES:**

Teammate\*/Coach Request \_\_\_\_\_

\*If 3 or more children request to be on the same team, a coach must be provided.

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 AND REFUND POLICY

**Assumption of Risk:** I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

**Release:** In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

**Indemnification:** In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

**Refund:** Refunds may only be requested in person and must be accompanied by a written request. 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. 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 for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

**Emergency Treatment:** I hereby authorize Salt Lake 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 therefrom.

**Media Consent:** I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

**Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website. \_\_\_\_\_

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. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: \_\_\_\_\_

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

OFFICE USE ONLY: Till # \_\_\_\_\_ Amount \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_