

DIMPLE DELL RECREATION

SEASON BEGINS June 20th

**DEADLINE:** June 12th

Www.slco.org/dimple-dell



#### **SEASON**

League will play on Tuesday afternoons and Saturday mornings. There is no weekly practice, however, there is a 30 minute practice before the game on Tuesday's.

Practices are for 3rd—6th grade only.

#### **SITES**

Dimple Dell Recreation Center Main Gym and Auxiliary Gym.

#### FEE

\$30. The fee includes 8 games and a participation award. (\$5 late fee after June 12th)

## REGISTER

Return completed registration form with payment to Dimple Dell Recreation Center or register online at www.slco.org/dimple-dell

# RECREATION

This youth co-ed program is designed for girls and boys to learn & develop basketball fundamentals and to have fun! Summer basketball is a 3 on 3 league. Each team will have 5 players. Player request of 3 or more MUST provide a coach.

Coed (1st/2nd, 3rd/4th, 5th/6th)

## Volunteer Coaches are our most valuable asset!

Please help a team this year. Check the box on the back. Head coaches can receive a <u>50% discount</u> on future youth sports programs after completing a free online certification class and coaching a complete season. See our website for more information.

#### **Jerseys**

Each child must additionally purchase a \$9 reversible or \$12 Red/Blue Sport Tek Jersey. You can purchase one from the front desk at Dimple Dell. If you have one, great, you will not need to purchase another one. Once you have a dimple Dell jersey, it can be re-used for any future sport at Dimple Dell except Jr. Jazz and Spring T-Ball.

# QUESTIONS?

Call Dimple Dell @ 385-468-3355 OR E-mail Allison Barr @ ALBarr@slco.org www.slco.org/dimple-dell





For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1292 or abowen@slco.org.

Signature (Parent or Legal Guardian): \_



REGISTRATION FORM  Dimple Dell Recreation - Youth Summer 3 on 3 Ba	ısketball 2017		PARKS & RECREATION
WE NEED COACHES!	LEAGUE DIVISION: *IMPORTANT: Players must be placed in the correct league which		
I would like to volunteer as a coach!		•	Y NOT play down a grade division.
Coach Name:	Local competitive players are welco		
Coach Phone:	players. Program coordinator reser	ves the right to move	the competitive player or team up one
Coach Email:	grade level if needed for competitiv	e balance.	
I have filled out the Volunteer Coach Packet	GIRLS & BOYS RECREA	ATIONAL	
*Coaches MUST fill out a coach's volunteer packet (including BCl back-	1st/2nd Grade		
ground check) once a year. Please print the packet from our website and submit it at the time of registration or fill it out personally at the recreation center at the time of registration. www.recreation.slco.org/dimpledell/	3rd/4th Grade [ 5th/6th Grade [		
Name of Participant			
Birthday	Age	Girl 🗌	Boy 🔲
Address	City	State	ZIP
School Attending			
Parent or Guardian			
Parent or Guardian Email		-	
Emergency Contact (other than guardian)		Phone	
Number of years participating in basketball?	1-2 3-4 5+ 5		
I would like to play with Check here to be contacted about inclusion opportunities for	r people with disabilities.		
As A Parent I Will: Remember that the game is for the players and not for the parents. E of any personal desire to win. Demonstrate GOOD SPORTSMANSHIP by giving POSITIVI game. Support the coaches, officials, and recreational staff with respect regardless of ra Consequence for Breaking Code of Conduct: First offense you will be given a card from suspended from attending the next game/practice. Third offense you will be suspended	E SUPPORT and ENCOURAGEMENT to all plo ce, sex, creed, or ability. I will expect my chi a site supervisor and/or a verbal warning. Se	yers, coaches, officials, and to do likewise.	nd recreation staff at every practice and
Signature of Parent/Guardian:			Date
PARENTAL STATEMENT OF AGREEMENT - AS	SSUMPTION OF RISK, LIABILIT	Y RELEASE AND F	REFUND POLICY
Assumption of Risk: I hereby acknowledge and agree that my child's participation child, or me, to illness, injury, or death. In consideration of my child's participation assume and accept any and all risks to my child or myself associated with my child Release: In consideration of my child's participation in the Salt Lake County recreation its officers, agents, and employees from any cause of action, claim, or demand of personal injury, property damage, death, or accident of any kind, caused by, arrist Indemnification: In consideration of my child's participation in the Salt Lake County and all causes of action, claims, demands, losses, or costs of any nature whateve activities. I agree that my duty to defend and indemnify the County under this A assessed against the County for the defense of any claim or to satisfy any settlem 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 w of the refund (program registration fee) for administrative costs. No refunds shall be Collections. I agree to pay Salt Lake County all costs incurred, together with reason 30 days or more will be turned over to collection.  Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program agree to assume full responsibility for all expenses, medical or otherwise, that may Media Consent: I hereby grant permission to Salt Lake County to use my or my child all publications and media without limit or compensation.  Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to public.	in in such activities, I for myself, my child, my 's participation in Salt Lake County recreation and activities, I, for myself, my child, my heirs fony nature whatsoever I or my child may in my out of, or in any way related to my child recreational activities, I agree to indemnify a crease by, arising out of, or in any way regreement includes all attorney fees, litigatic ment, arbitration award, or verdict paid or in written request. As per Salt Lake County polic pe given after the first day of the program, which is a staff to act on my behalf in accordance with a staff to accordance wit	heirs, my executors and a nal activities.  my executors and admini- by have, or have in the fit is participation in Salt Lake and hold harmless County, elated to my child's partic- by and court costs, expert curred on behalf of the C  y and procedures the Par ount is referred for collect th their best judgment in c  /comments, or name for p	dministrators, freely and voluntarily agree to strators hereby release Salt Lake County and ture, against Salt Lake County on account or County recreational activities. Its officers, agents, and employees from any ignation in the Salt Lake County recreational witness fees, and any sums expended by o pounty arising out of or in any way related to sand Recreation Division may withhold 25% ion. I understand that any account delinquen ase of an emergency involving my child, and ublicity and educational purposes in any and ecreational activities on the Salt Lake County
By signing this assumption of risk, liability release, and refund policy statement, I acknow its terms. If any portion of this Agreement is held to be invalid by a court of law, then it i			
Name of Child Participant:			

OFFICE USE ONLY: Till # Amount Ву Date

Date: \_