

SORENSEN MULTICULTURAL CENTER

Youth Sports Registration Form

Child's Name: _____ Male: ___ Female: ___

DOB: ____/____/____ Age: ____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent/ Guardian: _____

Phone: _____ Email: _____

Sport/Clinic: _____ I would like to play with: _____

Emergency Contact: _____

Best Phone Number: _____ Relation to child: _____

****A registration form must be completed for every child.***

<u>WINTER SPORTS</u>	<u>SPRING SPORTS</u>	<u>SUMMER SPORTS</u>	<u>FALL SPORTS</u>
Jr. Jazz	Jr. Bees Teeball	Summer Basketball	Outdoor Soccer
Indoor Soccer	Jr. Bees Coach Pitch	Outdoor Soccer	Jr. Bees Teeball
Softball	Outdoor Soccer	Softball Intro League	Jr. Bees Coach Pitch
	Softball		Wiffle Ball
			Softball

Volunteer Coaches needed?

Salt Lake County encourages parent involvement with all youth programs and we would greatly appreciate your help as a volunteer coach. If you are interested please fill out the information below. A program coordinator will contact you to complete the selection process.

Complete the coaches certification program online to receive 50% off of your NEXT youth sport registration.

Name: _____

Phone: _____ Email: _____



<p>CENTRAL CITY RECREATION CENTER</p> <p>615 S 300 E</p> <p>SALT LAKE CITY, UT 84111</p> <p>(385) 468-1550</p> <p>slco.org/central-city</p>	<p>NORTHWEST RECREATION CENTER</p> <p>1255 CLARK AVENUE</p> <p>SALT LAKE CITY, UT 84116</p> <p>(385) 468-1305</p> <p>slco.org/northwest</p>	<p>SORENSEN MULTICULTURAL CENTER</p> <p>855 WEST CALIFORNIA AVENUE</p> <p>SALT LAKE CITY, UT 84104</p> <p>(385) 468-1300</p> <p>slco.org/sorenson</p>
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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. **Equal Opportunity:** Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, color national origin, sex, pregnancy, sexual orientation, gender identity, marital status, religion, age, genetic information, military or veteran status, and will upon request, provide reasonable accommodations to individuals with disabilities. **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.

Parent Signature: _____ Date: _____

Salt Lake County Parks and Recreation Concussion and Head Injury Release

Pursuant to the passage of House Bill 204, Protection of Athletes with Head Injuries and in order to help protect participants in Salt Lake County sporting events, effective July 1st 2011, Salt Lake County Parks and Recreation requires that athletes, parents/guardians and coaches follow Salt Lake County Head Injury Policy and Procedures.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following: Headaches, Amnesia, "Pressure in head", "Don't feel right", Nausea or vomiting, Fatigue or low energy, Neck pain, Sadness, Balance problems or dizziness, Nervousness or anxiety, Blurred, double, or fuzzy vision, Irritability, Sensitivity to light or noise,

More emotional, Feeling sluggish or slowed down, Confusion, Feeling foggy or groggy, Concentration or memory problems, Drowsiness (forgetting game plays), Change in sleep patterns, Repeating the same question/comment.

Signs observed by teammates, parents and coaches may include: Appears dazed, Any Change in typical behavior or personality, Vacant facial expression, Confused about assignment, Loses Consciousness, Forgets plays, Shows behavior or personality changes, Is unsure of game, score, or opponent, Slurred speech, Moves clumsily or displays lack of coordination, Seizures or convulsions, Answers questions slowly, Can't recall events after hit, Can't recall events prior to hit.

What can happen if my athlete keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for a young athlete's safety.

If you think your child/player has suffered a concussion

Any athlete, under the age of 18, suspected of suffering a head injury or concussion must be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Written medical clearance must state that the athlete has been evaluated by a qualified health care provider, licensed under Utah Code Ann, Title 58, who is trained in the evaluation and management of concussions; and that the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and the athlete is cleared to resume participation in the County sporting program or event.

Licensed Health Care Providers acceptable to make the determination:

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician's Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

You should also inform your child's coach if you think that your child/player may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Athlete Name (Print)

I have read, understand and agree to abide by the Salt Lake County Head Injury Policy:

Parent or Legal Guardian (PRINT)

Parent or Legal Guardian (Signature)

Date

Office Use Only:

Date: _____ Received By: _____ Receipt #: _____ Till #: _____ Amount Paid: _____

Scholarship/Free & Reduced Lunch Paperwork Approved by: _____ Application Form Completed: _____