

Girls Spring Softball

Gene Fullmer Recreation Center



Who: Girls, ages 6-14 years old

(age as of December 31, 2016)

What: A non-competitive softball program for those beginning to intermediate skill level.

Fee: \$48.00 per player

(Financial Aid is Available upon Request)

Fee Includes: 8 sessions, jersey, and 2 Salt Lake Bees Tickets

When: Mondays, Wednesdays and Saturdays

Each age group will play one weeknight game and a Saturday game

*Clinic to start season on Saturday, April 29

Where: Gene Fullmer Recreation Center

8015 S 2200 W, West Jordan

Players wishing to play together must register together

4+ players requesting to play together must provide a coach

REGISTRATION DEADLINE:

SATURDAY, April 8, 2017

Late registrations will be accepted based on availability and will be assessed a \$5 late fee.

SALT LAKE
BEEES™

Volunteer Coaches

Our **MOST** important asset.

PLEASE coach a team this year!

No experience necessary-

Just check the box on the back.

Coaches must fill out a

volunteer packet (including a BCI background check)

once a year.

Gene Fullmer Fitness and Recreation Center

8015 South 2200 West

West Jordan, UT 84088

For More Information Contact us at 385-468-1951

www.recreation.slco.org/genefullmer



SL
SALT LAKE
COUNTY
PARKS &
RECREATION



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

Gene Fullmer Girls Softball

SELECT DIVISION

- 8 & Under
- 10 & Under
- 12 & Under
- 14 & Under

WE NEED COACHES

I would like to volunteer as:
 Coach Asst. Coach

Name: _____

Phone: _____

Email: _____



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

Name of Player: _____

(First Name)

(Last Name)

Birthdate: _____ Age: _____ Grade: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian: _____ Home Phone: _____ Cell: _____

Email Address (required): _____

(Email addresses will never be sold. Email makes it easier for us to notify you of program information including start dates, rain-outs, picture days and more.)

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

I would like to play with _____ who attends _____ school.

Youth Sports Registration Statement

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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.
8. **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.....Receipt #:

Amt.:

Date:

By: