



COUNTY ICE CENTER

5201 S. Murray Park Lane

Murray, UT 84107

385.468.1651

www.countyice.slco.org



Learn to Play Hockey

Hockey Development Program Summer 2017



Level 4 Part 2 (4 weeks) Starts Friday, June 2

Fridays 5:45-6:45pm: July 7, 14, 28 & Aug 4

OR

Mondays 5:30-6:30pm: July 10, 17, 31 & Aug 7

Level 4 is devoted to teaching team skills and expanding the players' knowledge of the game from a team perspective

(Level 4 is for players who have completed at least two previous semesters of Learn to Play)

FULL HOCKEY EQUIPMENT IS REQUIRED

You may continue to borrow skates and a helmet from the rink at no cost. In addition to the equipment required for previous semesters, players will need to have their own hockey pants, shoulder pads and hockey socks.

Cost: \$40

(includes skates and/or helmet rental as needed)

For more information, contact:

Alan Canfield

385.468.1655

acanfield@slco.org

LEARN TO PLAY HOCKEY PROGRAM - level 4 Class times, Summer 2017

4-WEEK SEMESTER begins week of July 7th

CHOOSE **ONE GROUP ONLY** FOR THE DAY OF THE WEEK YOU WANT TO ATTEND!!!

Ages 5-8 Group 1 Mon. 5:30 - 6:30 pm
 Group 2 Fri. 5:45 - 6:45 pm

Ages 9-14 Group 3 Mon. 5:30 - 6:30 pm
 Group 4 Fri. 5:45 - 6:45 pm

REGISTRATION FORM

Name _____ Age _____ DOB _____ Group _____

Address _____ City _____ Zip _____

Parent/Legal Guardian _____ Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

In Case of Emergency, Notify (other than Parent or Guardian

Name _____ Phone # _____ Relationship _____

*****Parents: If you have an interest in eventually coaching in the County Youth Hockey league, participating as a Head Instructor or an Assistant Instructor in the Learn to Play program is a great way to get started. Please indicate name and phone # below if you are interested.**

Name _____ Phone _____

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: AMT. PAID _____ CASH _____ CHECK # _____ CC _____ INT. _____