



Elementary Dive Team



IMPORTANT INFORMATION:

- These are classes for those who want to learn to dive, or improve on their diving skills.
- **Beginner 1:** This class is for all ages who have no diving skills,
- **Beginner 2:** This class is for all ages who have passed off basic jumps and dives from the 1m board.
- **Intermediate:** This class is for all ages who have passed off more complex dives and ready for 3 meter board diving.
- Participants must be able to swim 25 yards continuously to sign up.
- Questions please contact Brittany Taylor at btaylor@slco.org.
- Late fee of \$5.00 will be applied the 2nd practice of each month.

Practice options to choose from:

- Beginner 1 Saturdays 12:30-1:30pm
- Beginner 2 Saturdays 1:30-2:30pm *Must have coaches approval for this class.
- Intermediate Saturdays 2:30-3:30pm and Thursday's 7-8pm. *Must have coaches approval for this class.

<u>Month</u>	<u>Beginner 1</u> <u>Sat 12:30-1:30pm</u>	<u>Fee</u>	<u>Beginner 2</u> <u>Sat 1:30-2:30pm</u>	<u>Fee</u>	<u>Intermediate</u> <u>Sat 2:30-3:30pm</u> <u>Thur 7-8pm</u>	<u>Fee</u>	<u>Registration</u>
July	1st-29th	\$25	1st-29th	\$25	1st-29th	\$50	June 25
Aug	5th-26th	\$25	5th-26th	\$25	3rd-31st	\$56	July 25
Sept	9th-30th	\$25	9th-24th	\$25	7th-30th	\$50	Aug 25

No practices on the following dates:

July : 22

September: 2



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

REGISTER ONLINE!

Visit www.recreation.slco.org/jlsorenson

Dive Classes

Circle a Month

July

August

September

Circle an Option

Beginner 1: SAT 12:30-1:30pm

Beginner 2: SAT 1:30-2:30pm

Intermediate 1: THUR 7-8pm SAT 2:30-3:30pm



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

Aquatics Registration Form:

Participant Name: _____ GENDER: _____ D.O.B.: _____

AGE: _____ Email (REQUIRED) _____

Address: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN: _____ HOME PHONE: _____ WORK: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

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 the assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its content 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 the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: _____ Signature (Parent or Legal Guardian): _____ Date _____



DISCOVER



OFFICE USE ONLY.....Receipt #:

Amt.:

Date:

By: