

Dimple Dell Fitness Recreation Center

2017 FALL



YOUTH VOLLEYBALL

Who: Boys and Girls, 3rd-9th Grade

What: Recreational, co-ed youth volleyball league. Participants will learn how to bump, set, spike and the basic rules of volleyball.

When: Saturdays; Games start October 7th, 2017

Where: All games will be played at Dimple Dell Gymnasium

10670 South 1000 East Sandy, UT 84094

Fee: Early- Bird Registration is \$31. \$36 after September 22nd

Includes: 6 matches (3 games each), participation award, and one practice during the week (Tuesday or Friday), which will be determined by head coach.

All schedules will be posted at www.quickscores.com/dimpledell

REGISTRATION DEADLINE SEPTEMBER 22ND

Jerseys:

Each child must additionally purchase an \$9 reversible or \$12 Red/Blue Sport Tek Jerseys. You can purchase one at Dimple Dell. If you have one, great, you will not need an additional jersey! Once you have the Dimple Dell red/blue jersey, it can be re-used for any future sport at Dimple Dell except Jr. Jazz and Spring T-Ball.

REGISTER AT DIMPLE DELL - 10670 S. 1000 E. OR ONLINE

CHECK OUT OUR WEBSITE: WWW.SLCO.ORG/DIMPLE-DELL

QUESTIONS? CALL (385)468-3355; EMAIL TAYLOR: TABEGGLEN@SLCO.ORG





**SALT LAKE COUNTY PARKS & RECREATION
DIMPLE DELL FITNESS & RECREATION CENTER
FALL 2017 YOUTH VOLLEYBALL**

Name of player _____ girl boy
PLEASE PRINT: (last name) (first name)

League (PLEASE CHECK ONE) 3rd/4th Grade 5th/6th Grade 7th-9th grade

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Birthday _____ Age _____

Parent or Guardian _____ Phone: _____ Work: _____

E-Mail _____

In emergency notify (other than parent or guardian) _____

Address _____ Phone: _____ Work: _____

I would like to be placed on the same team as: _____

VOLUNTEERS ARE VERY IMPORTANT TO THIS PROGRAM! PLEASE CIRCLE BELOW IF YOU OR SOMEONE YOU KNOW CAN HELP WITH YOUR CHILD'S TEAM!

Volunteer Name: _____ **Phone Number:** _____

Email: _____

Coach

Assistant Coach



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

**Youth Sports Registration Statement
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 there from.

Media Consent: I hear by 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.

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:
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