

# Magic

Magic classes will emphasis on life skills through creativity, communication and presentation. We use positive re-enforcement to allow your child to learn at their specific pace. We teach confidence and leadership and strive to keep a high moral. Class is held by award-winning Magician Mont Magic!



Who: Boys or Girls ages 7 and up

Where: JL Sorenson Recreation Center

When: **Session 1: 9/15/17 - 10/06/17 4:30pm – 6:00 pm**

**Session 2: 10/27/17 - 11/17/17 4:30 pm- 6:00 pm**

Cost: \$50 Per Session

Additional \$50 for material fee paid to the instructor for all magic props, bonus tricks and instruction materials.

\*\*\* Call instructor Mont Dutson for registration details 801-253-3595 or [WWW.SaltLakeCitySchoolof Magic.com](http://WWW.SaltLakeCitySchoolof Magic.com)

# Magic

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\_\_\_\_\_ **Session 2: 10/27/17– 11/17/17 4:30-6:00 pm**

Name of Player \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

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

**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.

Name of Child Participant: \_\_\_\_\_

Signature (Parent or Legal Guardian): \_\_\_\_\_

OFFICE USE ONLY.....Receipt #:

Amt.:

Date:

By: