

OUTDOOR SOCCER

Outdoor recreational soccer program for boys and girls Pre-K through 6th grade divisions. Emphasis on skill development, sportsmanship, and fun! Games will be played on Saturdays starting September 9th. Games will be played EITHER Tuesday or Thursday AND Saturday each week. Team Orientation/Preseason Clinic on Saturday, September 9th. All games will be played at Glen Swenson Regional Park next to Taylorsville Recreation Center.

Program Fee: \$36
\$41 after AUG. 30th



PROGRAM INCLUDES: Full uniform (jersey, short, and socks), Pre-season clinic, 7-games, and Participation awards. Photos are not included in the program fee.

ORGANIZATION DAY/CLINIC SATURDAY, SEPT. 9th
GAMES BEGIN SATURDAY SEPT 16th
REGISTRATION DEADLINE: WEDNESDAY AUGUST 30th

Questions? For more information or to register online visit www.slco.org/taylorsville-rec
Or contact Heather Woichik at HWoichik@slco.org 385-468-1732



REGISTRATION FORM

WE NEED COACHES! Coach Name: _____

Coach Cell #: _____ Coach Email (REQUIRED): _____

Coaches must fill out a coach's volunteer packet (including a background check) each year. Please turn in the packet at the time of registration. You may fill it out in person, or print it from our website: slco.org/parks-recreation/volunteer-coaches

Head coaches may receive 50% off for a future youth sports program after completing a free online certification & coaching a complete season.

PLEASE CHECK ONE

Pre-K (age 3/4)	<input type="checkbox"/>
Kinder (age 5/6)	<input type="checkbox"/>
1st/2nd Grade	<input type="checkbox"/>
3rd/4th Grade	<input type="checkbox"/>
5th/6th Grade	<input type="checkbox"/>

***7th/8th grade leagues are held and hosted by the Marv Jenson Recreation Center (10300 S Redwood Rd, South Jordan) Please see separate flier for registration.*

I would like to play for which coach? (Team Division only)

I would like to play on the same team as:


Name of Participant _____ Birthday _____ Age _____ Girl Boy

Email (required) _____ School Attending _____ Grade _____

Address _____ ZIP _____ City _____ State _____

Parent or Guardian _____ Home # _____ Cell # _____

Emergency Contact (other than guardian) _____ Phone _____

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

PARENTAL CODE OF ETHICS

As A Parent I Will: Remember that the game is for the players and not for the parents. Do my very best to make this sport FUN for my child. Place the emotional and physical well being of my child ahead of any personal desire to win. Demonstrate GOOD SPORTSMANSHIP by giving POSITIVE SUPPORT and ENCOURAGEMENT to all players, coaches, officials, and recreation staff at every practice and game. Support the coaches, officials, and recreational staff with respect regardless of race, sex, creed, or ability. I will expect my child to do likewise.

Consequence for Breaking Code of Conduct: First offense you will be given a card from site supervisor and/or a verbal warning. Second offense you will be removed from the game/practice and be suspended from attending the next game/practice. Third offense you will be suspended from attending the remainder of your child's games/practice.

Signature of Parent/Guardian: _____ Date _____

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.

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.

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.

Signature (Parent or Legal Guardian): _____ Date: _____

OFFICE USE ONLY: Till # _____ Amount _____ By _____ Date _____