

# ACORD ICE CENTER

385-468-1965

[slco.org/acord-ice](http://slco.org/acord-ice)

5353 West 3100 South WVC, UT 84120



# Learn to Play Hockey

## Thursday Evenings

**5:45-6:45 pm**

One Hour Lessons for 5 weeks

For Ages 5 to 13

5 FREE Admissions to Public Skate  
& Hockey Jersey included

Skaters **MUST** have prior ice skating experience.

Skaters with **NO** experience should register in Learn to Skate.

## ICE HOCKEY Required Equipment:

hockey shin pads, hockey gloves, hockey helmet with face mask and hockey elbow pads

\*SKATES, STICK and HELMET rental are included with registration fee

(Rental gear is available for ages 5-13, depending on size and availability at no charge)

If this is your child's first time in Learn to Play Hockey register in semester 1 or 2.

Question about program or equipment contact:

Chris Billeter at 385-468-1970 or [cbilleter@slco.org](mailto:cbilleter@slco.org)

After completing  
4 semesters, join our fun Salt Lake County  
Youth Hockey league!



Semester 1      October 5, 12, 19, 26, November 2

Cost: \$40.00

Semester 2      November 9, 16, 30, December 7, 14

Cost: \$40.00

Register ONLINE at [slco.org/acord-ice](http://slco.org/acord-ice) or at Acord Ice Center.



For inclusion opportunities for people with disabilities,  
contact Ashley at 385-468-1520 or [abowen@slco.org](mailto:abowen@slco.org).



Find us on  
**Facebook**

## LEARN TO PLAY HOCKEY REGISTRATION FORM

Please check the appropriate session that you wish to register for.

### MARK CLASS SESSION AND TIME TO REGISTER FOR:

**Semester 1 5:45-6:45 pm Lesson Thursday Evening**

October 5, 12, 19, 26, November 2

**Semester 2 5:45-6:45 pm Lesson Thursday Evening**

November 9, 16, 30, December 7, 14

Player's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **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.



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

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

For Office Use Only:    LTS            Hockey            Amount: \_\_\_\_\_    Receipt #: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_