

**LEARN-TO-SKATE USA– Session 1 Schedule**  
**5 WEEK SESSION RUNS September 13 – October 14 2017**  
**CHOOSE ONE GROUP ONLY**

**Wednesdays – Sept 13 – Oct 11**

**Saturdays - Sept 16 – Oct 14**

**4:45-5:15 Class 5:15 – 5:30 Practice**

- Group 1 – Snowplow Sam 1-2  
 2 – Basic 1  
 3 – Basic 2  
 4 – Basic 3  
 5 – Special Olympics  
 6 – Hockey

**9:15 – 9:45 Class 9:45 – 10:00 Practice**

- Group 13 – Snowplow Sam 3 - 4  
 14 – Basic 1  
 15 - Basic 2  
 16 – Basic - 4  
 17 – Basic 5 - 6  
 18 – Pre - Freeski

**5:15 – 5:30 Practice 5:30 – 6:00 Class**

- Group 7 – Snowplow Sam 1 -2  
 8 - Snowplow Sam 3 - 4  
 9 – Basic 1  
 10 - Basic 2  
 11 – Basic 4  
 12 – Basic 5 - 6

**9:45 – 10:00 Practice 10:00 – 10:30 Class**

- Group 19 – Snowplow Sam 1-2  
 20 – Basic 1  
 21 - Basic 2  
 22 - Basic 3  
 23 – Hockey  
 24 - Adult

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**REGISTRATION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Parent or Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Group # \_\_\_\_\_ Level \_\_\_\_\_ E-mail address \_\_\_\_\_



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

In Case of Emergency, Notify (other than Parent or Guardian):

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Parental Statement of Agreement, Assumption of Risk, Liability and Refund Policy**

- 1. Release and indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County and its officers, employees, and volunteers from any and all suits, claims or liabilities, including negligence based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks and Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- 2. Refund Policy:** As per Salt Lake County policy and procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program.
- 3. 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 to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.
- 4. Emergency Treatment:** I hereby authorize Salt Lake County Parks and Recreation program staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom. I understand that I or my insurance company will pay for such emergency treatment.
- 5. Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender or ability to pay and will, upon request, provide reasonable accommodations to individuals with disabilities.
- 6. By signing this assumption of risk, liability release, indemnification 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**

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

Office use Only: RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK # \_\_\_\_\_ INT. \_\_\_\_\_