



# TAYLORSVILLE RECREATION LEAGUE



**SEASON BEGINS OCTOBER 6**

SESSION TWO WILL BEGIN JANUARY 2018

**REGISTRATION DEADLINE SEPT. 25**

SESSION TWO REGISTRATION WILL BEGIN NOV. 1st 2017

**Slco.org/Taylorsville-rec**

FOR MORE INFORMATION

## SEASON

Jr. Jazz Instructional league clinics/games will be on Friday afternoons starting October 6th. Clinics/games will be available at 4:30pm & 5:30pm. Clinics/games will be one hour in length. Dates will be as follows: Oct. 6, 13, 27, Nov. 3, 10, 17.

## SITES

Taylorsville Recreation Center

## FEE

**\$47.** Program includes jersey, 6 clinics/games, fun-shot competition and Utah Jazz game tickets. \$10 fee will be added after the deadline.

## REGISTER

**Spaces will be limited.** Return completed registration form with payment to Taylorsville Recreation Center or register online at: [slco.org/Taylorsville-rec](http://slco.org/Taylorsville-rec)

## INSTRUCTIONAL

*Focuses on skill development, learning the rules, sportsmanship and having fun. Players will be randomly placed on a team. Player requests are accepted.*

**Boys/Girls** (Kindergarten, 1st, 2nd Grades)

*League will consist of 4 staff/coach lead clinics and 2 game experiences. Below is a breakdown of the emphasis each week:*

<b>Week One</b>	Dribbling/Scrimmage*
<b>Week Two</b>	Passing/Scrimmage*
<b>Week Three</b>	Shooting/Scrimmage*
<b>Week Four</b>	Defense/Scrimmage*
<b>Week Five</b>	Game
<b>Week Six</b>	Game

*\*format may be altered*

**Volunteer Coaches are our most valuable asset!** Please help a team this year. Check the box on the back. Head coaches can receive a **50% discount** on future youth sports programs after completing a free online certification class and coaching a complete season.

**QUESTIONS?** For more information, please contact: Ryan Roghaar (385) 468-1732  
[RRoghaar@slco.org](mailto:RRoghaar@slco.org)



# REGISTRATION FORM

## Taylorville Recreation - Session One Jr. Jazz Fall 2017



PARKS & RECREATION

### WE NEED COACHES!

I would like to volunteer as a coach!

Coach Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_

Coach Email: \_\_\_\_\_

I have filled out the Volunteer Coach Packet

\*Coaches MUST fill out a coach's volunteer packet (including BCI background check) once a year. Please print the packet from our website and submit it at the time of registration or fill it out personally at the recreation center at the time of registration.  
www.recreation.slco.org/taylorville/

### LEAGUE DIVISION:

**\*IMPORTANT: Players must be placed in the correct league which is determined by the 2017/2018 School year. Players MAY NOT play down a grade division. Local Super League players must play in the Team Division. Program coordinator reserves the right to move the competitive player or team up one grade level if needed for competitive balance.**

PLEASE CHECK ONE		
Kindergarten <input type="checkbox"/>	1st Grade <input type="checkbox"/>	2nd Grade <input type="checkbox"/>

Name of Participant \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Girl  Boy

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent or Guardian Email (Required) \_\_\_\_\_

Emergency Contact (other than guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Number of years participating in basketball? 0  1-2  3-4  5+

**TEAMMATE/COACH REQUEST:** (There is no guarantee that your request will be granted if you register after the deadline. If you are requesting a specific team or coach, please provide the coaches name below)

I would like to play with \_\_\_\_\_

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
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