

# REDWOOD RECREATION CENTER

# YOUTH FLAG FOOTBALL 2017



**Who:** Boys and Girls Co-ed League:

Divisions:

1st-2nd Games Tues & Sat

3rd--4th Games Wed & Sat

5th-6th Games Thu & Sat

**What:** A non-contact football program, great for learning the fundamentals with an emphasis on fun and fair play. Highly recommended for individuals who eventually want to play full-contact leagues and those who want a safe alternative to contact leagues. (Traveling League)

**When:** Games will begin September 9 and run through October. Game days may vary.

**Where:**

- Valley Regional Park (4950 S. 2700 W. Taylorsville)
- Redwood Recreation Center (3100 S. Redwood RC)
- Kearns Oquirrh Park Fields (5600 S. 4800 W., Kearns)

**Includes:** Includes: 8 games, jersey, personal flag belt, and participation award. Pictures are not included in registration fee.

**Coaches Meeting: Aug. 31st @ 7pm**

**Coaches will contact participants for practices & games.**

**Deadline: August 28th**

**After Deadline:\$36**

**Registration Fee - \$31 (Free and Reduced Rate)**

If you have further questions please call  
Redwood Recreation Center @ 385-468-1870

3060 South Lester Street  
(3100 South Redwood Road)  
West Valley City UT 84119



**Online Registration at  
[www.recreation.slco.org/](http://www.recreation.slco.org/)**



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

"Improving Lives with People, Parks and Play!"

# Flag Football REGISTRATION FORM

## CO-ED DIVISIONS

*\*This program can not run without volunteers!\**

1ST-2ND

3RD-4TH

5TH-6TH

*Yes! I'd love to be a volunteer coach!*

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

**IF YOU ARE REQUESTING TO BE WITH FOUR OR MORE KIDS, YOU MUST PROVIDE A VOLUNTEER COACH FOR YOUR TEAM.**

P L A Y E R	Name of Child _____ Male _____ Female _____																				
	Primary Contact Phone # _____ Has Child Played in League Before _____																				
	Birthdate ____/____/____ Age ____ Grade ____ Height ____ School _____																				
	<b>Play with requests will be granted when possible, but is not guaranteed.</b> I would like to be on the same team as (not guaranteed): _____																				
G E N E R A L	Address _____ City _____ Zip _____																				
	Parent/Guardian _____ Home Ph: _____																				
	Work Phone _____ Cell Phone _____																				
	Emergency Contact Name _____ Emergency Phone _____																				
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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.

**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.



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

Name of Child Participant: \_\_\_\_\_ Signature (Parent or Legal Guardian): \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY...Till No.

Amt.

By.

Date: