



TAYLORSVILLE RECREATION



GAMES WILL BEGIN DEC. 9

PRACTICES WILL BEGIN THE WEEK OF 12/4

REGISTRATION DEADLINE NOV. 20

\$5 LATE REGISTRATION FEE WILL BE ADDED AFTER 11/20

Slco.org/Taylorsville-rec

FOR MORE INFORMATION

SEASON

Session Two Jr. Jazz leagues will be played on Saturdays starting December 9th. Practices will begin the week of December 4th. Program director reserves the right to combine divisions when forming teams, and to schedule games on weeknights if necessary.

SITES

Taylorsville Recreation Center and local school gymnasiums. Leagues may combine with other local programs if participation is low.

FEE

\$47. Program includes jersey, 7 games, Jazz player appearance, fun-shot competition and Utah Jazz game tickets (will be sent via email).

REGISTER

Return completed registration form with payment to Taylorsville Recreation Center or register online at: slco.org/Taylorsville-rec

RECREATION DIVISION

This division is designed for players to learn & develop basketball fundamentals and to have fun! Players register as individuals. Players with requests will be honored if made prior to registration deadline. 5+ male players must register for the Team Division. No Super-League players will be allowed in the recreation division. These will not be Coed leagues.

Boys (1st/2nd, 3rd, 4th, 5th, 6th, 7th, 8th Grades)

Girls (1st/2nd, 3th/4th, 5th/6th, 7th/8th Grades)

BOYS TEAM DIVISION

This division is designed for experienced players to further develop basketball fundamentals and have fun! Players register as individuals, however a coach request must be made. Players with requests will be honored if made prior to registration deadline. Requests of 5+ players will be placed in the Team Division. Only 2 Super-league players allowed per team.

Boys Only (3rd, 4th, 5th, 6th, 7th, 8th Grades)

QUESTIONS? For more information visit us online @ www.slco.org/Taylorsville-rec

Or you may contact contact: Ryan Roghaar (385) 468-1732 RRoghaar@slco.org

OR Morgan Stacy MStacy@slco.org (385) 468- 1732



REGISTRATION FORM

Taylorsville Recreation - Session 2 Jr. Jazz WINTER 2017/2018



LEAGUE DIVISION:

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/taylorsville/

**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.*

PLEASE CHECK WHICH DIVISION		
BOYS RECREATION	GIRLS RECREATION	BOYS TEAM
1st/2nd Grade <input type="checkbox"/>	1st/2nd Grade <input type="checkbox"/>	3rd Grade <input type="checkbox"/>
3rd Grade <input type="checkbox"/>	3rd Grade <input type="checkbox"/>	4th Grade <input type="checkbox"/>
4th Grade <input type="checkbox"/>	4th Grade <input type="checkbox"/>	5th Grade <input type="checkbox"/>
5th Grade <input type="checkbox"/>	5th Grade <input type="checkbox"/>	6th Grade <input type="checkbox"/>
6th Grade <input type="checkbox"/>	6th Grade <input type="checkbox"/>	7th Grade <input type="checkbox"/>
7th Grade <input type="checkbox"/>	7th Grade <input type="checkbox"/>	8th Grade <input type="checkbox"/>
8th Grade <input type="checkbox"/>	8th Grade <input type="checkbox"/>	**Must have coach requested**

Name of Participant _____

Birthday _____

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 _____