

# Steiner Tiger Aquatic Team

*Youth Pre-Competition Swim Team*



The S.T.A.T. swim team is a pre-competitive program for swimmers ages 6-18 years old. This swim team is a great bridge between swimming lessons and future high school/competitive swimming. S.T.A.T. also emphasizes the importance of a regular exercise routine even at an early age. Our coaching staff works hard to create a fun and healthy learning environment where swimmers can improve on both fitness and stroke technique in a team environment.

## NEW Swimmer Info

A team try-out is required prior to registering for STAT. New swimmers can try-out at any practice. Please just drop in.

**Try-Out:** Participants must demonstrate basic stroke competency by swimming 25 yards of each stroke. Freestyle w/ side-breathing, backstroke w/ arm recovery, breaststroke w/ no scissor kick, and basic butterfly.

**Coach Try-Out Signature:** \_\_\_\_\_

## Practice Info

Monday through Thursday  
5pm—6pm

**Swim 4 days/week = \$56/session**

**Swim 2 days/week = \$28/session**

Monthly dues are due by the 1st of each month or a \$5.00 will be assessed. Please note that no make-ups, credits, or refunds will be made for missed practices.

# SALT LAKE COUNTY PARKS & RECREATION

Steiner Aquatic Center/Salt Lake City Sports Complex  
S.T.A.T. Pre-Competition Swim Team



First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Street address City Zip code

Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_ Sex \_\_\_\_\_

**(under 18) In case of an emergency please contact:**

Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Relation \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

## PARENTAL STATEMENT OF AGREEMENT

### ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNIFICATION AND REFUND POLICY

**Release:** I hereby recognize and acknowledge that my participation in recreational activities may involve bodily and/or emotional injury. I, my self, my heirs, my executors and administrators, hereby voluntarily release, waive, discharge Salt Lake County, its officers and employees from and all liability except that caused solely by the negligence of Salt Lake County, that may result from my participation in Salt Lake County Parks and Recreation activities.

**Refund Policy:** 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. All refunds must be requested in person and be accompanied with a written refund request. 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 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.

**Emergency Treatment:** I hereby authorize Salt Lake County Parks & 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 there from. I understand that I or my insurance company will pay for such emergency treatment.

**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.

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.

X \_\_\_\_\_

Signature

X \_\_\_\_\_

Date

X \_\_\_\_\_

Parents Signature (Under 18)

X \_\_\_\_\_

Date



For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or abowen@slco.org.

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

OFFICE USE Till #: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_