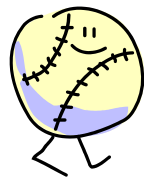


# Dimple Dell Fitness Recreation Center

## 2017 JR. BEES



## SPRING TEE-BALL & COACH PITCH

**Who:** Boys and Girls, Ages 4- 2nd Grade

Tee-Ball: Kindergarten & Under

Coach Pitch: Grades 1st/2nd

**What:** A noncompetitive, learn to play program, in which players hit the ball from a stationary tee at home plate or get pitched to by a coach. Players learn the rules and basic skills of baseball with an emphasis on fun and sportsmanship.

**When:** Two games each week. Saturday afternoons and

Tuesday evenings for Tee Ball, Thursday evenings for Coach Pitch

Games start the week of April 25th, 2017

**Where:** All games will be played at Dimple Dell Fields

10670 South 1000 East

**Fee:** Early- Bird Registration is \$40. \$45 after April 12th.

**Includes:** All Fees Include 8 sessions, team shirt, hat, Bees game tickets, and participation award. Pictures will be available at an additional cost.



# REGISTRATION DEADLINE APRIL 12th

REGISTER AT DIMPLE DELL - 10670 S. 1000 E. OR ONLINE

CHECK OUT OUR WEBSITE: [WWW.SLCO.ORG/DIMPLE-DELL](http://WWW.SLCO.ORG/DIMPLE-DELL)

QUESTIONS? CALL (385)468-3355; ASK FOR TAYLOR





**SALT LAKE COUNTY PARKS & RECREATION  
DIMPLE DELL FITNESS & RECREATION CENTER  
2017 JR. BEE'S SPRING TEE-BALL & COACH PITCH**

Name of player \_\_\_\_\_  girl  boy  
**PLEASE PRINT:** (last name) (first name)

**League** (PLEASE CHECK ONE)  Tee-Ball (Kindergarten & Under)  Coach Pitch (Grade 1st & 2nd)

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail \_\_\_\_\_

In emergency notify (other than parent or guardian) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

I would like to be placed on the same team as: \_\_\_\_\_

**VOLUNTEERS ARE VERY IMPORTANT TO THIS PROGRAM! PLEASE CIRCLE BELOW IF YOU OR SOMEONE YOU KNOW CAN HELP WITH YOUR CHILD'S TEAM!**

**Volunteer Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Coach Assistant Coach**

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

**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 there from.

**Media Consent:** I hear by 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.

Name of Child Participant: \_\_\_\_\_

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

<b>OFFICE USE ONLY.....Receipt #:</b>	<b>Amt.:</b>	<b>Date:</b>	<b>By:</b>
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