



3 Ways to Play: WHEELCHAIR RUGBY (2016/2017 Season)

Wheelchair rugby is a Paralympic sport for those with physical impairments/loss of function of at least 3 limbs. Majority of players have a spinal cord injury, multiple amputations, or neurological disorders. This is a fast-paced, high-action, high-contact team sport that's a lot of fun!

Practices are every Friday evening Starting October 14 and going through April 21. 6:00-8:00pm are for Beginner players, 8:00-10:00 is for Scorpion Team practice. Scorpion Team members are encouraged to be onsite 6:00-10:00 to mentor new players

All wheelchair rugby through Salt Lake County Adaptive is provided at the Copperview Rec. Center. (8446 Harrison St., Midvale, UT 84047) www.recreation.slco.org/adaptive/

1) Salt Lake County Scorpions Team:

This is a team registered with the United State Quad Rugby Association (USQRA). This is a team that travels and competes. The team also hosts a local competition. Those wanting to join the team must meet the essential eligibility criteria of loss of function in at least 3 limbs. Team practice is from 8:00-10:00, but team members are encouraged to be at the gym from 6:00-10:00 to mentor new players.

- The season goes from **October 14—April 21, 2017 (6:00-10:00pm Fridays)**
- **\$225 for season (includes full season, t-shirt, Scorpions jersey, USQRA team registration dues, tournament registration fees for 3 tournaments, and participation in local tournament)**



2) 8-Week Sessions:

Pay **\$20 for an 8-week session** of practices. Extra chairs onsite are available to use. This is for beginner players that play from 6:00-8:00 on Friday evenings.

- **Session I:** Oct 14—Dec 2 (“Free day” 11/25 for family and friends)
- **Session II:** Dec 9—Feb 3 (“Free day” 12/23 for family and friends)
- **Session III:** Feb 10—March 31, 2017



SALT LAKE COUNTY

3) Daily “Drop-in” Play:

Want to stop by every once in awhile to play? Then just pay the “drop-in” rate of **\$3.50 every time you come** from 6:00-8:00pm on Fridays



For more information, or to register, contact Susie Schroer, Adaptive Recreation Manager, at 385-468-1956 or sschroer@slco.org

“Improving lives through people, parks, and play”

LEAGUE & SHIRT SIZE: (circle one)

Youth League:(youth sizes)

XS S M L XL

Teen League:(adult sizes)

S M L XL XXL

Adult League:(adult sizes)

S M L XL XXL XXXL

Please Mark which program you are registering for:

- Session I: October 14—Dec 2, 2016 (\$20)
- Session II: Dec 9—Feb 3, 2017 (\$20)
- Session III: Feb 10—March 31, 2017 (\$37)
- Salt Lake County Scorpions Team Package (\$225)

Name of participant _____ Girl Boy
PLEASE PRINT (last name) (first name)

Address _____ City _____ State _____ ZIP _____

E-Mail Address _____

School _____ Grade _____ Birthday _____ Age _____

Parent or Guardian _____ Phone: _____ Work: _____

Primary Disability: _____ Secondary Disability: _____

In emergency notify (other than parent or guardian) _____

Address _____ Phone: _____ Work: _____

How did you hear about this program? _____



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.

Parental Statement of Agreement –

Assumption of Risk, Liability Release and Refund Policy

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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.
8. **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 _____

Declaración De Acuerdo Parental Asumo De Riesgo, Exoneración De Culpabilidad, Indemnización Y Procedimiento De Reembolso

1. **Asunción de riesgos:** Por la presente, reconozco la participación de mi hijo en las actividades recreativas pueden implicar lesiones corporales y / o daños emocionales a mí y / o mi hijo. En consideración a mi hijo la posibilidad de participar en este tipo de eventos, yo, por mí mismo, mi hijo, mis herederos, mis ejecutores y administradores, por la presente voluntariamente y con conocimiento indemnizar y mantener indemne, defender, liberar, renunciar, y la descarga de Salt Lake County, y sus funcionarios, empleados y voluntarios de cualquier y todas las demandas, reclamaciones o responsabilidades, incluye la negligencia, a partir de cualquier lesión, salvo que causaron únicamente por la conducta dolosa del Condado de Salt Lake, que puedan resultar de la participación de mi hijo en Salt Lake Parks & County actividades de recreación. Además, estoy de acuerdo que yo o mi compañía de seguros tenemos que pagar gastos médicos, hospitalización y otros gastos derivados de la participación de mi hijo.
2. **Publicación:** En consideración a la participación de mi hijo en el Condado de Salt Lake actividades recreativas, yo, por mí mismo, mi hijo, mis herederos, mis ejecutores y administradores de la presente libero Condado de Salt Lake y sus funcionarios, agentes y empleados de cualquier causa de acción, reclamación o demanda de cualquier naturaleza que sea yo o mi hijo ahora puede tener, o tener en el futuro, en contra de Salt Lake County a causa de lesiones personales, daños a la propiedad, muerte o accidente de cualquier tipo, causado por, resultante de, o de cualquier manera relacionada con la participación de mi hijo en Salt Lake County actividades recreativas.
3. **Indemnización:** A cambio de la participación de mi hijo en el lago actividades recreativas Condado de Salt, estoy de acuerdo en indemnizar y mantener Condado inofensivo, sus funcionarios, agentes y empleados de cualquier y todas las causas de acción, reclamos, demandas, pérdidas, o gastos de cualquier naturaleza por cualquier causa, que surjan de, o de alguna manera relacionados con la participación de mi hijo en las actividades de ocio del Condado Lake Salt. Estoy de acuerdo que mi deber de defender e indemnizar a la Provincia en virtud del presente Acuerdo incluye todos los honorarios de abogados, judiciales y las costas judiciales, honorarios de perito, y las sumas gastadas por o evaluaciones sobre el condado para la defensa de cualquier reclamación o para satisfacer cualquier acuerdo, laudo arbitral o sentencia pagados o incurridos en nombre de la Provincia que surja de o en cualquier manera relacionada con la participación de mi hijo en las actividades de ocio del Condado Lake Salt.
4. **Reembolso:** Los reembolsos sólo pueden ser solicitadas en persona y debe ir acompañada de una solicitud por escrito. De acuerdo con las políticas y procedimientos de Salt Lake County la División de Parques y Recreación pueden retener el 25% de la restitución (pago de matrícula del programa) para los gastos administrativos. No se ofrecerán reembolsos después del primer día del programa.
5. **Colecciones:** Estoy de acuerdo en pagar Condado de Salt Lake todos los gastos, así como los honorarios del abogado en caso de que mi cuenta se refiere a la colección. Entiendo que cualquier cuenta en mora de 30 días o más serán entregados a la colección.

OFFICE USE ONLY:

Receipt No. _____
Head Injury _____

Amt. \$ _____
Code of Conduct _____

Recv'd. by _____
Information Sheet _____

Date _____