

TEAM ROSTER

Grade: _____ **Boys**

Team Name: _____

Coach: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Best Phone:** _____ **Alt. Phone:** _____

PARENTS PLEASE READ BEFORE SIGNING.

1. I hereby recognize and acknowledge that participants in recreational activities may involve bodily injury or emotional injury to my child and others. In consideration of my child being permitted to participate in Salt Lake County Parks & Recreation sponsored activities, I hereby voluntarily and knowingly execute this release with the intent of binding myself, the below-named minor, and any others having an interest, and do hereby expressly release, waive, and discharge Salt Lake County, its officers and employees, from all liability or claims therefore resulting from my child's participation in the above-referenced Parks & Recreation activities.
2. I hereby consent to my child's participation in the Recreation programs, including transportation in County operated vehicles, as appropriate, and do further authorize Salt Lake County Parks & Recreation staff to act on my behalf in accordance with their best judgment in the case of an emergency and do agree to assume full responsibility for all medical expenses that may arise therefrom.
3. By signing this document, I acknowledge that I have read its contents and disclosure, that I understand them, and that I agree to the terms hereof. I further acknowledge that this release is intended to be as broad and as inclusive as may be permitted by the laws of the State of Utah, and that if any portion herefrom is found to be invalid, it is agreed that the balance shall continue in full force and effect.

Player's Name	Birthdate	Address	City	Zip	Phone #	Parent/Guardian Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

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, accompanied with a written refund request, and no refunds shall be given after the first day of the program. I as manager of the above named team accept responsibility to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the District Attorney's Office for collection. I understand that any account delinquent 10 days or more will be turned over to the District Attorney's Office for collection.

Coach Signature: _____