



SALT LAKE COUNTY RECREATION  
JORDAN SCHOOL DISTRICT

SALT LAKE COUNTY

# Victory Wrestling @ Copper Hills 2012

**DATES:** Monday, JANUARY 23<sup>rd</sup>, 2012 TO MARCH 2012 *\*\* A schedule will be handed out at practice\*\**

**TIMES:** K – 3<sup>rd</sup> grade 5:30 – 6:30 pm AND 4<sup>th</sup> – 6<sup>th</sup> grade 6:30 – 7:30 pm AND 7<sup>th</sup> – 9<sup>th</sup> 7:30 – 8:30

**COST:** \$75.00 per participant. Includes T-shirt

**LOCATION:** Copper Hills High School wrestling room.

**STAFF:** Jeff Humpherys Copper Hills High School Wrestling Asst. Coach & Staff



Make checks payable to: **Salt Lake County Recreation**

*Register by Mail or the First Day*

Or register Online at [www.activityreg.com](http://www.activityreg.com) Click on Utah, Click on County Sports Office, Then Register for Activities

Send registration form and fee to:  
**Salt Lake County Recreation**  
5201 South Murray Park Lane  
Murray, Utah 84107

For more information call:  
**Jeff Humpherys [humpherysilm@msn.com](mailto:humpherysilm@msn.com) or 870-3418**  
Recreation Office 801-270-7260

VICTORY WRESTLING CLUB @ COPPER HILLS 2012

Name of Participant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ EMail \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (DAY) \_\_\_\_\_ (NIGHT)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_

In case of Emergency, please notify (Name) \_\_\_\_\_ (Phone #) \_\_\_\_\_

**PARENT STATEMENT OF AGREEMENT**

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

- Release and Indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and its officers and employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- Refund Policy:** As per Salt Lake County policy and procedures, the Parks & 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. 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 events 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 and Recreation program staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed 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.

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

SHIRT SIZE (Choose One) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge

OFFICE USE ONLY.... TILL ID # \_\_\_\_\_ AMOUNT PD. \_\_\_\_\_ DATE \_\_\_\_\_