



SPRING SOCCER

PLEASANT GROVE RECREATION 2018

Boys or Girls 5th and 6th Grade

Boys or Girls 7th-9th Grade

REGISTRATION: BEGINS JAN. 1ST, 2018 LATE REG. AFTER MARCH 1, 2018

<u>Leagues</u>	<u>Typical Game Day League Schedule</u>	<u>Season</u>
Boys 5 th & 6 th / Girls 5 th & 6 th grade	Sat. and possible Tues.-Thursday games (PG and AF teams)	Week of April 9-May 24, 2018
Boys 7 th - 9 th / Girls 7 th - 9 th grade	Sat. and possible Tues.-Thurs. games (PG, AF, Lehi and Saratoga teams)	Apr. 9-May 24

Will try to honor up to two individual requests

Online Registration Dates: Jan. 1- March 1, 2018 \$5 late fee charged after March 1st, 2018.
Walk-in registration AFTER March 1st will be accepted on a space available basis.

Please check appropriate boxes:

Male Resident
 Female Non Resident

	<u>Resident</u>	<u>Non</u>		<u>Resident</u>	<u>Non</u>
Boys 5 th & 6 th	\$45.	\$65.	Girls 5 th & 6 th	\$45.	\$65.
Boys 7 th - 9 th	\$45.	\$65.	Girls 7 th -9 th	\$45.	\$65.

Jerseys and socks will be included in the fee

NAME OF PLAYER _____ BIRTH DATE _____ PHONE _____

ADDRESS _____ CITY _____

GRADE _____ SCHOOL _____

NAME OF PARENTS _____ WORK PHONE _____ CELL PHONE _____

IN EMERGENCY NOTIFY _____ PHONE _____

(Other than parents)

Email address: _____

SHIRT SIZE: YS YM YL AS AM AL AXL
 SOCKS: YOUTH ADULT

ARE YOU WILLING TO COACH? YES NO ASSIST
(Background checks will be performed on all coaches/ If chosen to be a coach your child's (participant's) PG Rec. account will receive a \$15.00 credit to be used for the NEXT activity or program through the center. \$10.00 each if co-coaches)

ONLY **TWO** SPECIAL REQUESTS FOR FRIEND(S) OR A SPECIFIC COACH ALLOWED:

1. _____	2. _____
----------	----------

**There is no guarantee on requests. Teams will be organized by schools as much as possible.*

****Office Use Only****

TOTAL AMOUNT \$ _____

RECEIPT _____

Employee _____ Date _____

PMT – Cash / CC / Check # _____

SEE REVERSE SIDE FOR WAIVERS

Concussion and Traumatic Head Injury Policy Parental Acknowledgment Form

In compliance with Utah Code § 26-53-101 *et seq.*, this acknowledgment form is to confirm that you have read and understand the Concussion and Traumatic Head Injury Information Sheet and the City's Concussion and Traumatic Head Injury Policy provided to you by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events.

I, _____ (*name of parent/guardian*) as parent/guardian of _____ (*name of player*), have read the information material provided to us by the City related to concussion and traumatic head injuries occurring during participation in sporting events and understand the content, responsibilities, and warnings therein.

By signing below, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy, and that I agree to abide by the City's Concussion and Traumatic Head Injury Policy.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLAYER: _____

DOB: _____

Parental Statement of Agreement to Participate - Assumption of Risk, Liability Release and Refund Policy

I hereby certify that _____ wants to participate in the Pleasant Grove City Recreation Spring Soccer league, 2018.

1. **Release:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being able 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 Pleasant Grove City, its officers, employees and volunteers from any and all suits, claims or liability including negligence, based on any injury except that caused solely by the gross negligence or willful misconduct of Pleasant Grove City, that may result from my child's participation in 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.

2. **Refund:** As per Pleasant Grove City Recreations policy and procedures, the Recreation Department 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.

3. **Collections.** I agree to pay Pleasant Grove City all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Pleasant Grove City's Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Pleasant Grove City Attorney for collection.

4. **Emergency Treatment:** I hereby authorize Pleasant Grove City 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. I understand that I or my insurance company will pay for such emergency treatment.

5. **Equal Opportunity:** Pleasant Grove City 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.

6. **Photo Release:** I also agree to be photographed and/or agree to have my child photographed and release the use of the photographs for publicity for the city of Pleasant Grove.

7. 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.

I have read the waiver _____ Date _____
(Signature of Parent or legal guardian)