



SPRING FUTSAL (Indoor Soccer)

PLEASANT GROVE RECREATION 2018

CO-ED 4 AND 5 YEAR OLDS, CO-ED 1st/2nd Grade, CO-ED 3rd/4th Grade

REGISTRATION: Jan. 1, 2018

LATE REGISTRATION AFTER Feb. 15, 2018

Leagues

CO-ED 4 and 5 yr. olds
CO-ED 1ST/2ND Grade
CO-ED 3rd/4th Grade

Game Day

Sat., March 17th and the 24th, **AFTERNOON GAMES** April 14th - May 19th : **MORNING GAMES**
NO GAMES DURING SPRING BREAK
Will try to honor up to two individual requests

Season

Online Registration Dates: Jan. 1- Feb. 15, 2018

\$5 late fee charged after FEB. 15, 2018. Walk-in LATE registration 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>
CO-ED 4yr old-Kindergarten	\$40.	\$60.	CO-ED 3 RD /4 TH	\$40.	\$60.
CO-ED 1 st /2 nd	\$40	\$60.			

***6yr old children that are still in kindergarten have the option to play in the 1st/2nd grade league**

Team shirt will be included in the fee and distributed before the first game

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: YXS YS YM YL YXL AS

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. _____
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**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 Futsal 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)