



# 2019 Spring Registration Form

## Boys Baseball, Girls Softball, T-Ball / Coach Pitch

Office Use Only:	
Receipt #	_____
Amount Paid	_____
Date Paid	_____
Received by	_____
Late Fee	_____ Family Discount _____

Players Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) Gender (circle one): Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Elementary School Area: \_\_\_\_\_ School Attending: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Restrictions: \_\_\_\_\_

Father/Guardian: _____ Phone (Day): _____ <input type="checkbox"/> (Evening): _____ <input type="checkbox"/> (Cell): _____ <input type="checkbox"/> Parent/Guardian Email: _____	Please check only ONE box for preferred phone number	Mother/Guardian: _____ Phone (Day): _____ <input type="checkbox"/> (Evening): _____ <input type="checkbox"/> (Cell): _____ <input type="checkbox"/> May we provide email to child's coach (circle one): YES NO
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Emergency Contact Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Emergency Contacts Phone Numbers: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

<b>Player's years experience in organized sports:</b> _____	<b>How did you find out about this program (circle one):</b> BROCHURE - CITY EMAIL - COACH - FRIEND PLAYED BEFORE - SANDY NOW - SCHOOL EMAIL WEBSITE - OTHER _____	<b>Player would like to be on the same team as:</b> Coach: _____ Player(s): _____ _____ _____
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<b>Regular Registration</b>	<b>Late Registration</b>
January 2 - March 6	March 7



<b>BOYS BASEBALL</b> Ages 7—15			
<b>Days &amp; Locations (select one)</b>		<u>Regular</u>	<u>Late</u>
_____ 9 & Under (Machine Pitch) Mon & Wed (Falcon Park)		\$47	\$57
_____ 11 & Under (Player Pitch) Tues & Thurs (Lone Peak)		\$52	\$62

<b>COED T-BALL</b> Ages 4—5			
<b>Days &amp; Locations (select one)</b>		<u>Regular</u>	<u>Late</u>
_____ 4-5 Years Old T-Ball Mon. Falcon		\$32	\$42
_____ 4-5 Years Old T-Ball Tues. Falcon		\$32	\$42
_____ 4-5 Years Old T-Ball Wed. Falcon		\$32	\$42

<b>GIRLS FASTPITCH SOFTBALL</b> Ages 7 – 15			
<b>Days &amp; Locations (Dewey Bluth and/or Buttercup Parks)</b>		<u>Regular</u>	<u>Late</u>
_____ 9 & Under (Machine Pitch) Tu & Th		\$47	\$57
_____ 12 & Under (Player Pitch) Mon & Wed		\$52	\$62
_____ 15 & Under (Player Pitch) Tu & Th		\$52	\$62

<b>COED COACH PITCH</b> Ages 5 – 6			
<b>Days &amp; Locations (select one)</b>		<u>Regular</u>	<u>Late</u>
_____ 5-6 Years Old Coach Pitch Mon Eastridge		\$32	\$42
_____ 5-6 Years Old Coach Pitch Thurs. Flat Iron		\$32	\$42

Yes, I would like to help make this a successful program by volunteering as a (circle one): Coach Assistant Coach Team Parent

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

# SANDY CITY SPRING SPORTS

## PARENT/GUARDIAN INFORMED CONSENT AND AUTHORIZATION

In consideration of my child being allowed to participate in the program selected below, I, as their parent or guardian, hereby consent that he/she may participate in this program during the 2018 fall season and I hereby state that the information provided in the registration materials is true and complete. By completing the registration materials, I hereby grant permission and agree as follows:

COED T-BALL / COACH PITCH

BOYS BASEBALL

GIRLS FASTPITCH SOFTBALL

COED FLAG FOOTBALL

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### Program Description, Release, Indemnify, Transportation

In enrolling my child in the above selected program, I hereby acknowledge that certain inherent risks accompany these programs that cannot be eliminated regardless of care taken to avoid injuries. These risks may include, but are not limited to: (1) **minor injuries**, such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) **major injuries**, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones; (3) catastrophic injuries as well as permanent disability and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I hereby recognize the risk factors described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in Sandy City Recreation Programs. I further state that my child is sufficiently physically fit to safely participate in these programs.

Recognizing the possibility of physical and/or emotional injury associated with my child's participation in Sandy City Recreation Program(s), I hereby release and agree to hold harmless, defend, and indemnify Sandy City and associated organizations and personnel from negligence to the fullest extent permitted by law, and against any claims by or on behalf of my child, myself, and any other parent or guardians for any damage or injury he/she or we may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities.

\_\_\_\_\_ PLEASE INITIAL HERE

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### Emergency Medical Care Authorization

In the event my minor child is injured while participating in Sandy City Recreation Programs, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

*(I understand that in order for my child to participate in Sandy City Recreation Programs, I am required to have health insurance to cover injuries to my child arising from his or her participation in these programs and that Sandy City does not carry medical or accident coverage for this purpose. This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)*

**Medical Restrictions on Player's Participation:** \_\_\_\_\_

\_\_\_\_\_ PLEASE INITIAL HERE

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### Concussion Policy Acknowledgement

I have read this policy and understand what a concussion is, have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating or any upcoming program until cleared by a qualified Health Care Professional. Also, I will provide Sandy City with a written statement by this qualified Health Care Professional acknowledging my child is cleared to resume participation.

\_\_\_\_\_ PLEASE INITIAL HERE

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### Media Release

I hereby grant permission to use any photographs, film, and videos taken of my child's participation in Sandy City Recreation Programs for use in public media as well as official Sandy City publicity, such as Sandy City web site, publications, displays and presentations.

\_\_\_\_\_ PLEASE INITIAL HERE

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I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

**Name of Parent**

**or Legal Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please print)