



2019 Registration Form SPRING SOCCER

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: _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Please check only ONE box for preferred phone number </div>	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): _____

Player's Years of Experience: _____	How did you find out about this program (circle one): BROCHURE - CITY EMAIL - COACH - FRIEND PLAYED BEFORE - SANDY NOW - SCHOOL EMAIL WEBSITE - OTHER _____	Player would like to be on the same team as: Coach: _____ Player(s): _____
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Regular Registration
JANUARY 2 – FEBRUARY 20

Late Registration
FEBRUARY 21



BOYS LEAGUES	DAY	PARK	REG.	LATE
<u>Pre-k</u>	___ Wednesday	Lone Peak	\$47	\$57
<u>Pre-K & Kindergarten</u>	___ Saturday	Lone Peak & Eastridge	\$47	\$57
	___ Saturday	Flat Iron	\$47	\$57
<u>Kindergarten</u>	___ Tuesday	Lone Peak	\$47	\$57
<u>1st & 2nd</u>	___ Wednesday	Lone Peak	\$47	\$57
	___ Saturday	Eastridge	\$47	\$57
	___ Saturday	Flat Iron	\$47	\$57
	___ Saturday	Lone Peak	\$47	\$57
<u>3rd & 4th</u>	___ Tuesday	Lone Peak	\$52	\$62
	___ Saturday	Flat Iron	\$52	\$62
	___ Saturday	Lone Peak	\$52	\$62
<u>5th & 6th</u>	___ Saturday	Lone Peak / Falcon	\$57	\$67
<u>7th & 9th</u>	___ Saturday	Lone Peak / Falcon	\$57	\$67

GIRLS LEAGUES	DAY	PARK	REG.	LATE
<u>Pre-K & Kindergarten</u>	___ Monday	Lone Peak	\$47	\$57
	___ Saturday	Lone Peak & Eastridge	\$47	\$57
	___ Saturday	Flat Iron	\$47	\$57
<u>1st & 2nd</u>	___ Tuesday	Lone Peak	\$47	\$57
	___ Saturday	Eastridge	\$47	\$57
	___ Saturday	Flat Iron	\$47	\$57
	___ Saturday	Lone Peak	\$47	\$57
<u>3rd & 4th</u>	___ Wednesday	Lone Peak	\$52	\$62
	___ Saturday	Flat Iron	\$52	\$62
	___ Saturday	Lone Peak	\$52	\$62
<u>5th & 6th</u>	___ Saturday	Lone Peak/Falcon	\$57	\$67
<u>7th & 9th</u>	___ Saturday	Lone Peak/Falcon	\$57	\$67

COED LEAGUE	DAY	PARK:	REG.	LATE
<u>10th—12th</u>	___ Monday	Lone Peak	\$62	\$72

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 Address: _____ 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:

2019 SPRING SOCCER

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

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

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

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

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)