



2019-20 Registration Form

JR. JAZZ BASKETBALL

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

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

Address: _____ City: _____ Zip: _____

Elementary School Area: _____ School Attending: _____

Birth Date: _____ Age: _____ Grade: _____ Medical Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____
 Phone (Day): _____ Phone (Day): _____
 (Evening): _____ (Evening): _____
 (Cell): _____ (Cell): _____

Please check only ONE box for preferred phone number

Parent/Guardian Email: _____ May we provide email to child's coach (circle one): YES NO

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 - PEACH JAR WEBSITE - OTHER _____	Player would like to be on the same team as: Coach: _____ Player(s): _____
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COST:	SEPT 6-OCT 23	OCT 24:	COST:	SEPT 6-NOV 20	NOV 21:
1ST-4TH	\$65	\$75	KINDERGARTEN	\$40	\$50
5TH-8TH	\$70	\$80	9TH-12TH	\$80	\$90

<u>KINDERGARTEN COED INSTRUCTIONAL</u> ___ Saturday Albion	<u>COED LEAGUES</u> COED 1st-2nd ___ Wednesday Sandy Rec / Albion ___ Thursday Sandy Rec / Albion ___ Saturday Sandy Rec
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BOYS LEAGUES

BOYS 3rd-4th ___ Monday Indian Hills / Crescent View ___ Tuesday Albion ___ Saturday Indian Hills / Crescent View	BOYS 5th-6th ___ Monday Indian Hills / Crescent View ___ Tuesday Mt. Jordan ___ Saturday Albion / Crescent View	BOYS 7th-8th ___ Tuesday Eastmont ___ Thursday Eastmont	BOYS 9th-10th ___ Monday Eastmont ___ Wednesday Eastmont / Crescent View ___ Thursday Crescent View / Mt. Jordan
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BOYS 11TH-12TH
 ___ Monday Albion ___ Tuesday Eastmont / Crescent View ___ Wednesday Eastmont / Crescent View

GIRLS LEAGUES

GIRLS 3rd-4th ___ Saturday Albion	GIRLS 5th-6th ___ Saturday Albion / Crescent View	GIRLS 7th-8th ___ Saturday Albion / Crescent View	GIRLS 9th-12th ___ Wednesday Albion / Mt. Jordan / Eastmont
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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 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 2019-20 winter 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:

2019-20 Jr. Jazz Basketball

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)