

Registration Form

Syracuse

PARKS & RECREATION

Parent or Guardian _____ Participant _____ Weight _____
Address _____ Birthday _____ Age _____
City _____ Zip _____ School _____ Grade _____
Day Phone _____ Even. Phone _____ Sport or Activity _____ Level/Team _____
In Emergency Notify _____ Phone _____ Male _____ Female _____ Youth S M L XL Adult S M L XL

Is parent willing to coach? Father Yes _____ No _____ Mother Yes _____ No _____
Coach _____ Assistant Coach _____ Name _____ Name _____
Other: _____ Phone _____ Sport _____

BY SIGNING THIS ASSUMPTION OF RISK, LIABILITY RELEASE, REFUND & DRAFT POLICY STATEMENT & CODE OF CONDUCT, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENT AND DISCLOSURE, THAT I UNDERSTAND ITS CONTENTS & DISCLOSURE AND THAT I AGREE TO ITS TERMS.

Parent/Legal Guardian (Please Print) _____

Parent/Legal Guardian Signature _____ Date _____

FEE PAID _____ DATE _____ RECEIVED BY _____	Syracuse City Parks & Recreation Department 1912 West 1900 South Syracuse, Utah 84075
RECEIPT# _____ <input type="checkbox"/> CHECK# _____ <input type="checkbox"/> CASH	

Waiver and Authorization for Medical Attention

The undersigned, as participant or as parent or guardian for a child participating, I hereby recognize and acknowledge that Syracuse City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program or facility offered by Syracuse City. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Syracuse City. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge Syracuse City, its governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorneys fees, arising out of, or in connection with any injury sustained by the participant. I authorize the employees or agents of Syracuse City to notify emergency help in the case of an accident or injury to the participant while participating in any program offered by Syracuse City if in the discretion of the employee or agent, such emergency help is warranted.

“Code of Conduct”

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every recreation event. In recreation of all types, participants become competitive. At all times I will remember that we are participating in a recreational activity and act accordingly. It is the participant, coaches and spectators responsibility to control their behavior. I will refrain from the use of foul language and/or negative comments toward coach, player, referee, league officials or spectators.

Refund Policy:

The Parks & Recreation Department will withhold \$5.00 of the registration fee, for administrative costs. Half of the fee will be refunded after teams or classes have been set. No refunds will be allowed after programs or classes have started, except for unforeseeable circumstances and these will be handled on a case by case basis by the Parks & Recreation Director. Refund checks will be sent via mail within ten business days of the withdrawal of the program.