

**SODA SPRINGS PARKS AND RECREATION**  
**1<sup>st</sup> & 2<sup>nd</sup> GRADE BASKETBALL REGISTRATION**  
Cost is \$20 per participant.  
\$5 out of City fee  
Registration Closes January 27th

Class will be every Friday in February and the first Friday in March. Classes will go for 45 minutes each time and class start times are 10 AM, 11 AM and 12 PM depending on which class your child is assigned. This is a class designed for fundamental building. There will be no t-shirts given to the kids.

**Participant's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Fathers Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Medical Problems:** \_\_\_\_\_

**PLEASE check any of the following. I would like to:**

Coach \_\_\_\_\_ Sponsor \_\_\_\_\_

- (1) I hereby certify that \_\_\_\_\_ is in good health and capable of participating safely in the Utah Jazz Basketball Program and has accident and health insurance and the City of Soda Springs Parks and Recreation and all other participative agencies are not liable for any accident while participating in the Utah Jazz Youth Basketball Program. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the City of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.
- (2) **CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian of the above mentioned minor. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.
- (3) I understand the goals and objectives of the Utah Jazz Youth Basketball Programs which are based on fun, fair play, skill development and teamwork.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office Use Only**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ CC: \_\_\_\_\_