

Murray City Parks & Recreation



Youth Conditioning 2022

WWW.MCREG.COM

AGES 6-15

Focuses on FUN, building strength,
increasing flexibility, and
improving running mechanics



Date: April 12—May 20

Days: Tuesdays, Wednesdays, and Fridays

Time: 5:00-6:30 pm

Location: Murray Park (Grass West of Pavilion #5)

Cost: Resident \$40/ Nonresident \$50

Includes: 18 practices & shirt

Coach: Walter Watchman

Registration deadline: March 22nd @ 11:59pm



Recreation Coordinator: Tasha LaRocco, tlarocco@murray.utah.gov

Murray City Youth Conditioning 2022

Name: _____ Male / Female Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

School Attending: _____ Grade: _____

What is your child's shirt size? YXS YS YM YL AS AM AL AXL

Does your child have any limitations? No If yes, please explain: _____

Parent 1 Name: _____ Home Phone: _____ Cell Phone _____

Parent 2 Name: _____ Home Phone: _____ Cell Phone _____

Email (Required): _____

How did you hear about the program? Email _____ Murray Journal _____ Murray Website _____ Flyer _____ Social Media _____ Poster _____

From a Friend _____ Previous Participant _____ Other _____

CONCUSSION POLICY, LIABILITY RELEASE & PERMISSION TO PARTICIPATE, REFUND POLICY, & PHOTO RELEASE

Concussion Policy: As the parent or legal guardian of _____ (child participant), who is participating in _____

(sporting activity), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

- my child has not previously sustained a concussion or head injury; or
- my child has previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs and fees from concussions or head injuries that arise when I have not complied with the Policy.

Liability Release and Permission to Participate: In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages or death, personal injury, or property damage which I (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release and agree to all of their terms and conditions.

Refunds: Refunds must be requested in written form. As per Murray City Parks & Recreation policy & procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director discretion.

Photo Release: I hereby grant permission to Murray City to use my or my child's/children's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Initials: _____

Opt Out: Initial on the line if you do not authorize Murray City to post or publish the name or media of your child participating in Murray City recreation or activities on any Murray City operated website: _____

By signing this liability release & permission to participate, refund policy, and media consent, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Print Name (Parent or Legal Guardian): _____

Signature (Parent or Legal Guardian): _____ Date: _____

For Office Use Only
Date _____ Staff _____
Amount _____
Payment CK__ Cash__ CC__