

MURRAY RECREATION

# BASKETBALL HOOPS CLINIC



**TUESDAYS**  
**COED AGES 4-5**  
**6:00 PM-6:45 PM**  
**MARCH 3- MARCH 24**

- 6 Foot Hoops
- Clinic Style
- 4-45min Sessions

- Registration includes:
- Jersey
- Fundamental skill instruction

**THE PARK CENTER IN MURRAY**

REGISTER AT [MCREG.COM](http://MCREG.COM) 801-284-4200

# Murray City Recreation Basketball Clinic 2026 Registration

## Tuesdays 6-6:45pm

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending: \_\_\_\_\_

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

Parent /Legal Guardian 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 \_\_\_\_\_ Banner \_\_\_\_\_

### PARENT CODE OF ETHICS

**As a parent I will:** Remember the game is for the players and not for the parents. I will do my very best to make this sport FUN for my child. Place the emotional and physical wellbeing of my child ahead of any personal desire to win. Demonstrate GOOD SPORTSMANSHIP by giving POSITIVE SUPPORT and ENCOURAGEMENT to all players, coaches, officials, and recreational staff at every practice and game. Support the coaches, officials, and recreational staff with respect regardless of race, sex, creed, and ability. I will expect my child to do likewise.

**Consequences for Breaking Parent Code of Ethics:** First offense you will be given a reminder card from the official or recreational staff as a warning. Second offense you will be asked to leave the game or practice and be suspended from attending the next game or practice. Third offense you will be suspended from attending the remainder of your participants games & practices and will meet with the Recreation Coordinator & Recreation Director regarding your disruptive behavior.

Signature (Parent or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

### 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. Initials: **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: \_\_\_\_\_

OFFICE USE ONLY: Total Paid: \_\_\_\_\_ CASH CHECK CARD Date: \_\_\_\_\_ Staff: \_\_\_\_\_