

# Holladay - Lion's Fitness and Recreation Center

## Spike the Heights



**DATE:** Saturday, May 29, 2010  
**WHERE:** Cottonwood Heights Recreation Center Grass Fields  
 7500 South 2700 East  
**TIME:** Play begins at 9:00 a.m.  
**DIVISION:** Men's and Women's Doubles  
 Open, A, AA, B, and Novice

### Grass Doubles Volleyball Tournament

#### Pre - Registration

**UOVA Member \$15.00**  
**Non-UOVA Member \$25.00**

T-Shirt included.

Check-in from 8:30 a.m. - 8:45 a.m.  
at the pre - registration table under pavilion.

#### Day of Registration

**UOVA Member \$20.00**  
**Non-UOVA Member \$30.00**

Shirts available-until we run out.

Registration will begin at 8:00 a.m. and will end at 8:45 a.m.  
under pavilion.

**Pre - Registration Deadline: Friday, May 28, 2010 at 12:00 p.m.**

For more information or to register,  
please contact:

#### IN PERSON OR MAIL:

Holladay-Lions Fitness & Recreation Center  
 1661 East Murray Holladay Road  
 Holladay, Utah 84117  
**(801) 424-0621, ask for Katie**  
 Monday-Friday 5:30 a.m.-9:00 p.m..  
 Saturdays 7:00 a.m.-6:00 p.m.  
 Sundays 10:00 a.m.-3:00 p.m.  
 (MasterCard/Visa accepted)

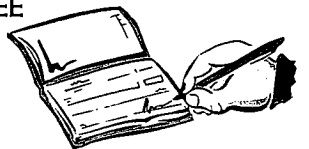


#### ONLINE REGISTRATION:

Register online at:  
**www.activityreg.com**  
 THERE IS A \$2.00 INTERNET FEE

**CANNOT REGISTER  
OVER THE  
PHONE!**

Please make checks payable to Salt Lake County Parks and Rec.



# Spike the Heights Registration Form

**Please Mark the Appropriate Box**



**Check League:**  Women's  Men's  
**Check Division:**  \*Open\*  AA  A  B  Novice  
**Check Shirt Size:**  Small  Medium  Large  X-Large  
**\*Open Division will play on grass fields\***

Player #1 \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

UOVA Number \_\_\_\_\_

Player #2 \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

UOVA Number \_\_\_\_\_

Emergency Contact (other than players) \_\_\_\_\_ Phone \_\_\_\_\_

Are there any injuries or conditions that our staff should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_

## Parental Statement of Agreement—Assumption of Risk, Liability Release, Indemnification and Refund Policy

- Release and Indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events. I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- Refund Policy:** As per Salt Lake County policy and procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.
- Collections:** I agree to pay Salt Lake County all costs incurred together with reasonable attorneys fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.
- Emergency Treatment:** I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will pay for such emergency treatment.
- Equal Opportunity:** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide, reasonable accommodations to individuals with disabilities.
- By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and agree to its terms

Signature (if under 18, Parent or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY. . . Receipt No.	Amt.	Date	By
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