

Wheelchair Basketball Open Gym

Copperview Recreation Center

8446 S. Harrison St.
Midvale, UT 84047
(385) 468-1515



Come enjoy some extra practice time during the week!

It is a perfect time to fine tune your skills, play with a variety of people and have fun!

Wheelchair Basketball Open Gym

When: Wednesday

8:30pm– 9:45pm

Session I: Nov. 28-Jan. 23

Session II: Jan. 30- Mar. 20

Who: Anyone interested in some extra practice time.

Fee: \$20/Session or \$3.50/Night



Please ask us about our accessible options at this facility



"Improving lives through people, parks, and play"

Registration Form

Fill out this form & send with payment to Adaptive Recreation,
Copperview Recreation Center, 8446 S. Harrison St., Midvale, UT 84047

Name of Participant _____ Date _____
Boy _____ Girl _____ Birthday _____ Age _____
Address _____ City _____ State _____ Zip _____
Parent or Guardian _____ Home Phone _____ Work _____
In Emergency Notify (other than parent / guardian) _____
Relationship _____ Phone: _____
Disability _____
Allergies _____
Seizures _____ Frequency _____

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund policy

Release & 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 it's officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization and 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 attorney's 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's Office 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 there from. I understand that I or my insurance company will be billed for such emergency treatment.

Equal Opportunity: I hereby authorize 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, and that I agree to its terms.

Signature (Parent or Legal Guardian): _____ Date _____

OFFICE USE ONLY... Receipt No. _____ Amt. \$ _____ Recv'd. by _____

Date _____ Code of Conduct _____ Information Sheet _____ Head Injury Policy _____