



THE CITY OF SOUTH SALT LAKE RECREATION DEPARTMENT YOUTH TEE BALL



WHO: BOYS & GIRLS 4 YRS TO 6 YRS OLD

WHEN: TUESDAY & THURSDAY EVENINGS
BEGINNING MAY 2ND

WHERE: PETE SUAZO CENTER, 2825 S. 200 E.

COST: \$25 FOR 1ST CHILD, \$20 FOR 2ND, \$15 FOR 3RD
*ADDITIONAL \$5 NON-RESIDENT FEE FOR PARTICIPANTS
LIVING OUTSIDE THE BOUNDARIES OF SOUTH SALT LAKE.*



SCHOLARSHIPS AVAILABLE TO THOSE WHO QUALIFY.
(\$10 W/FREE/REDUCED LUNCH LETTER)

DEADLINE: APRIL 12, 2013

SIGN UP FOR TEE BALL & GET:
PRACTICES, GAMES, A TEAM
SHIRT, PICTURES, AND A
PARTICIPATION AWARD!

SPACE IS LIMITED,
SO SIGN UP TODAY!



REGISTER ANYTIME MON-FRI 8:30AM-5PM AT:
SOUTH SALT LAKE COLUMBUS CENTER
PARKS AND RECREATION DEPARTMENT
2531 SOUTH 400 EAST
SOUTH SALT LAKE CITY, UT 84115
801-412-3217





City of South Salt Lake Tee Ball 2013

WE NEED PARENT VOLUNTEERS
I would like to assist in this program as:

Coach Asst. Coach

Name: _____ _____

It is important that this form is completely filled out. Please PRINT neatly.

Name of Player: _____ Boy ___ Girl ___ Home Phone: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthday: _____ School: _____ Grade: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Email: _____ Father's Email: _____

In emergency notify: _____ Phone: _____
(other than parent or guardian)

Does your child have any physical limitations? No Yes

If yes, explain: _____

Child's Skill Level (circle one): Beginner Intermediate Advanced

Special request of ONE friend: _____ school they attend: _____

Requests will only be considered if two individuals request each other. If your friend does not attend the same school, please note which school they attend or we will not be able to meet your request. We make no guarantees!!

Jersey Size:	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
(Circle one)	6-8	10-12	14-16	30-32	34-38	38-40

Liability Release and Permission to Participate

In consideration of the acceptance of my application/request to participate in the above activity, I/we _____ guardians/parents of _____. Do hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said activity, It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I/we hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I/we have read and understand the forgoing liability release, and sign it voluntarily.

I/we _____, hereby give to South Salt Lake Recreation the right to render aid and to apply emergency medical treatment to my child in the event of an accident or injury, as they deem necessary.

Parent/Guardian Signature

Date Witness of Official _____

Refund Policy

As per South Salt Lake City procedures, the Recreation division may withhold 25% of the refund(program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program. There will be a \$20.00 fee on all returned checks.

Office Use Receipt # _____ Amount\$ _____ Non Resident Amount \$ _____ Scholarship _____ Date _____