



Mountain Top Wrestling Club

Dates: Feb. 7, 8, 14, 16, 17, 20, 21, 23, 27, 28 March 5, 6, 7, 12, 13, 15, 19, 20, 22, 26, 27, 29
April 9, 10, 16, 17, 23, 24, 26, 30 May 1, 7, 8, 10, 14, 15, 17, 21, 22, 24, 29, 30, 31
June 4, 5, 7, 11, 12, 14, 18, 19, 21, 25, 26, 28

Tournaments to be Announced by Coach • www.MountainTopWrestling.com

Time: 6-7:30 p.m. **Grades:** K-Adult **Cost:** \$125

Location: Jordan High School Wrestling Room, #1508

Staff: Bill Kilpack, Greg Dockstader, Richard Fay, Judd Kennelly, Darrin Nielsen, Toby Orton, Josh Pappas, Todd Wandell, Sean Warren, Kary Wood

** Sessions times/dates may change at coaches' discretion.*

• **Registration Online, by Mail or at the 1st Day or at Practices Thereafter •**

Make Checks Payable to Salt Lake County Recreation



Register Online at

Go to www.activityreg.com then click on **Utah**, then on **County Sports Office**, then on **Programs**, then select **Camps & Clinics** in the pull-down menu.

Mail Registration to

Salt Lake County Recreation
5201 S. Murray Park Lane
Murray, UT 84107

For More Information Call

Bill Kilpack (801) 641-9832
Recreation Office (801) 270-7260

Mountain Top Wrestling Club K-Adult

Name of Participant _____ Male Female

Address _____

City _____ State _____ ZIP Code _____

Name of Parent or Guardian _____

Home Phone _____ Work Phone _____ E-Mail _____

Birth Date _____ Age _____ School Grade _____

In Case of Emergency, Notify (Name) _____ Phone # _____

Parent Statement of Agreement

Assumption of Risk, Liability Release, Indemnification and Refund Policy

- 1) Release and Indemnification.** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able 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 liabilities, 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 Salt Lake County Parks and 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.
- 2) Refund Policy.** No refunds shall be given after the first day of the program.
- 3) 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 for collection.
- 4) Emergency Treatment.** I hereby authorize Salt Lake County Parks and Recreation program staff to act on my behalf in accordance with their best judgement 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.
- 5) Equal Opportunity.** Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed or gender 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 that I agree to its terms.

Signature (Parent or Legal Guardian) _____

Date _____

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

OFFICE USE ONLY: Till #: _____

Amount Paid: _____

Date _____