



I LIVE INSIDE THE CITY LIMITS OF COMMERCE

I DO NOT LIVE INSIDE THE CITY LIMITS OF COMMERCE

I DO NOT LIVE INSIDE THE CITY LIMITS BUT I PAY PROPERTY TAX FOR PROPERTY LOCATED INSIDE THE CITY:

PROPERTY ADDRESS: \_\_\_\_\_

## SUMMER SPORTS CAMPS

Check activities you are registering for:	Age Control Date	IN CITY FEE	OUTSIDE CITY FEE
<input type="checkbox"/> ADAPTIVE BASEBALL CAMP	AGES 8 THRU 18	\$40	\$40
<input type="checkbox"/> CHAMP CHANEY BASKETBALL CAMP	RISING 3RD GRADERS THRU 8TH GRADERS	\$40	\$60
<input type="checkbox"/> CHAMP CHANEY TENNIS CAMP	RISING 3RD GRADERS THRU 8TH GRADERS	\$40	\$60
<input type="checkbox"/> MIGHTY MITES SOCCER CAMP	AGES 4 THRU 11	\$45	\$65
<input type="checkbox"/> TIGER BASEBALL CAMP	AGES 9 THRU 14	\$65	\$65
<input type="checkbox"/> VOLLEYBALL CAMP	RISING 4TH GRADERS THRU 12TH GRADERS	\$45	\$65

## SWIM ACTIVITIES

Check activities you are registering for:	Age Control Date	IN CITY FEE	OUTSIDE CITY FEE
<input type="checkbox"/> POOL PASS INDIVIDUAL/add \$10 for each additional family member)		\$20	\$25
<input type="checkbox"/> PRIVATE SWIM LESSONS <small>PLEASE CALL - LIMITED SPACE</small>	ALL AGES	FIVE 30 MINUTE SESSIONS - \$75	
<input type="checkbox"/> SWIM LESSONS (JUNE 13 - 17)	AGES 3 & 4	\$50	\$70
<input type="checkbox"/> SWIM LESSONS (MAY 31 - June 9)	AGES 5 THRU 12 (MONDAY - FRIDAY)	\$50	\$70
<input type="checkbox"/> SWIM LESSONS (JUNE 20 - 29)	AGES 5 THRU 12 (MONDAY - FRIDAY)	\$50	\$70
<input type="checkbox"/> TIGER SHARKS SWIM TEAM	5 YEARS OLD PRIOR TO JUNE 1, 2016	\$80	\$100

<b>TEE SHIRT SIZES: PLEASE CHECK</b>	<b>SWIM TEAM &amp; CAMPS</b>	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL
	<b>SHIRT SIZE:</b>									

**Please Print Clearly**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent(s) Email Address: \_\_\_\_\_ HOME #: \_\_\_\_\_

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

Please circle your preferred method(s) of receiving communication:      EMAIL      ETEXT      PHONE CALL

Cell Phone Provider: \_\_\_\_\_ (for Etext purposes)

*I CERTIFY THE ABOVE INFORMATION IS TRUE. FALSE INFORMATION WILL RESULT IN PARTICIPANT REMOVAL FROM THE REGISTERED ACTIVITY.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE READ, SIGN AND DATE THE PARTICIPANT/CONCUSSION/RELEASE OF LIABILITY WAIVER RELEASE FORM BELOW, AND SIGN AND DATE OPTIONAL SUPPLEMENTAL INSURANCE. WE CANNOT PROCESS REGISTRATION WITHOUT A PARENT/GUARDIAN SIGNATURE.**



## **PARTICIPANT & CONCUSSION WAIVER, ASSUMPTION OF RISK & RELEASE OF LIABILITY**

In consideration of the named participant being allowed to participate in any way in the Commerce Parks and Recreation Department programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledge, appreciate, and agree to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my and/or my child's participation; and,
2. I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMINIFY AND HOLD HARMLESS the City of Commerce, and all officials, employees, volunteers or agents of the City of Commerce , including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Commerce (collectively referred to herein as "Releasees"), from any and all claims, suits, causes of action, demands and liabilities incident to my and/or my child's involvement or participation in these programs and/or transportation to and from such programs and activities, WHETHER ARISING FROM THE NEGLIGENCE, ACTS OF OMISSIONS OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE RELEASEES, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL BODILY INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to or in any way arising out of my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE, ACTS OF OMISSIONS OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I hereby grant consent to any and all first aid responders designated by the Commerce Parks and Recreation Department to provide myself and/or child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders and to any hospital.
5. I further understand that health or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Commerce strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
6. I willingly agree to comply with the City's and the Department's stated and customary terms and conditions for participation in the programs and events. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program or event itself, I will remove myself or my child from the participation and bring such attention of the nearest Department official immediately; and,
7. I understand that I am bound to abide by the Commerce Parks & Recreation Department's Code of Conduct. I further understand that these programs are recreational and that if either parent and/or parent's spouse should exhibit continued unsportsmanlike conduct, the child may be removed from the program.
8. I understand that the Department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.
9. Concussion Awareness - By signing below, I agree that I have been provided a copy of the Parent/Athlete Concussion Information Sheet. I understand that concussions are one of the most commonly reported injuries in children who participate in sports and recreational activities. I further understand that the risk of long-term, chronic cognitive, physical, and emotional symptoms associated with the development of post-concussion syndrome and chronic traumatic encephalopathy, as well as the risk of catastrophic injuries or even death, is significant when a concussion or head injury is not properly recognized, evaluated, and managed. I further recognize that continuing to play with a concussion or symptoms of head injury leaves a youth athlete especially vulnerable to great injury and even death. I understand and agree that should my child exhibit signs of a concussion I will remove my child from play/activity immediately and not allow my child to participate until a health care professional has released my child to resume activity.

**I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Name of Participant(s)** \_\_\_\_\_

**Parent/Guardian Signature or Adult Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness:** \_\_\_\_\_

# Sports / Recreation - Plus ACCIDENT

## INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690  
Fax: 801-538-0392 • Toll Free: 800-327-0695

### VOLUNTARY \$250,000 COVERAGE

- (1) **PRIMARY COVERAGE** – Pays regardless of other insurance, directly to you, your doctor, or hospital.
- (2) **NO DEDUCTIBLE** – Pays from first visit.
- (3) **ALL ACTIVITIES** – Sponsored and supervised by the recreation organization – except 10-12<sup>th</sup> grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- A. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- B. Traveling with other members of the policyholder as a group under the supervision of a leader.

### ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 – NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- (1) Doctor's Calls - \$40.00 first visit and \$25.00 per daily visit thereafter for non-surgical treatment.
- (2) Surgeon's fees according to schedule - \$1,300 maximum.
- (3) Anesthesiologist – 25% of the surgical allowance.
- (4) Out-patient X-ray \$25.00 per X-ray - \$125.00 maximum.  
Radiologist \$25.00 per X-ray - \$125.00 maximum.
- (5) Hospital room and board limited to \$175.00 daily maximum.
- (6) Hospital miscellaneous - \$325.00 first day confined, \$225.00 second and \$100.00 daily thereafter.
- (7) Emergency Room - \$135.00 maximum.
- (8) The maximum limit for dental expenses as result of injury to natural teeth is \$500.00.
- (9) Ambulance - \$100.00 each trip - \$200.00 maximum.

**HOW THE PLAN WORKS** – A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.



Send All Claims To:

Standard Life and Casualty  
PO Box 510690  
Salt Lake City, UT 84151-0690

### PARTIAL DESCRIPTION ONLY – RECREATION ORGANIZATION HAS POLICY.

**ONE PREMIUM** per person insures that person for **ALL** sports and **ALL** other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &  
Return To The Recreation Office With  
Correct Premium

Through Age 18  
**\$10.00**  
Per Person

### ENROLLMENT FORM

I do want \_\_\_\_\_ insured  
(name)

I do not want \_\_\_\_\_ insured  
(name)

X \_\_\_\_\_ Date \_\_\_\_\_

(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

## ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

For Loss within 180 days of accident:

Life .....	\$5,000
Both hands, both feet, or sight of both eyes .....	5,000
One hand and one foot .....	5,000
One hand or foot, and sight of one eye .....	2,500
One hand or one foot .....	1,000
Sight of one eye .....	500
Two or more fingers or toes .....	250
One finger or one toe .....	150

**NOT COVERED** — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances according to the schedule of benefits. No benefits are payable for any expense which is

paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) **elective surgery except cosmetic surgery made necessary as a result of a covered injury**; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) **traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.**

**CLAIMS** — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



**SPORTS**

