



Questions?? Call 254-7667

Please Circle Session Requesting

June Session	July Session	August Session
June 9,16, 23, 30	July 7, 14, 21, 28	August 4, 11, 18

Sessions are filled on a first come basis

**HERRIMAN CITY RECREATION
REGISTRATION FORM FOR
YOUTH SKATEBOARDING CLINIC**

Participant's Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Birth Date:** _____

Parent/Guardian Name: _____

**Herriman City recreation does not provide any insurance for participants.
It is recommended that participants have coverage of their own.**

_____ **Consent for Medical Treatment:** I, on behalf of my child, hereby consent to emergency medical or hospital care that may be rendered by a physician or hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

Fee: \$60.00

No refunds Available

****Make checks payable to Herriman City****

Limited to the first 40 Participants (to sign up or check space call 254-7667)

***** YOUTH AGE 6-14*****

Liability Release/Waiver

I authorize my child to participate in Youth Skateboarding Clinic. I understand Youth Skateboarding Clinic contains certain dangers and risks, particularly if my child fails to follow written warnings or verbal instructions or engages in activities beyond his or her abilities. I will specifically look for and instruct my children on these dangers and warnings signs. Knowing these risks, I believe that the benefits of my child's participation in Youth Skateboarding Clinic outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Herriman City Corporation and its agents and employees from all claims arising from known, reasonable and/or inherent risks associated with my child's participation. I further understand that it is my responsibility to keep my child from participating in any activity beyond his or her abilities.

CONSENT FOR PICTURES

I hereby consent to allow my picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio, or film coverage of the Parks & Recreation Department in any manner incidental to my participation in the activity of the Herriman City Parks & Recreation Department without compensation to me.

Signature Parent/Guardian _____

Date _____

For more information visit: www.herriman.org