

REGISTRATION FORM UTE CONFERENCE, INC 405 South Main St. #1100 SLC, Utah 84111	Registration Date:		District:			Revised 4/19/12
	District Registration Amount		Notes:			
	Amount Collected - Cash		Data Input Date:		By:	
	Amount Collected - Check		Promissory Note Terms -		Date	Amount Due
Birth Date ___/___/___	Amount Collected - Credit Card		Due By Date			
Division:	Discount - Board ()		Due By Date			
Weight:	Discount - Fund Raiser ()		Due By Date			
Birth Certificate Need ___ On File ___	Total Amount Paid		Balance Due Date			
	Amount Due on Promissory Note		Checks collected for payments:		Yes ___	No ___

THIS FORM MUST BE COMPLETELY FILLED OUT & SIGNED PRIOR TO ANY EQUIPMENT BEING ISSUED OR ANY PARTICIPATION IN UTE CONFERENCE ACTIVITIES OR CAMPS.

Players Information: Name: _____ Home Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____	Mothers / Legal Guardian Information: Name: _____ Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____
Emergency Contact: (if parents cannot be reached) Name: _____ Cell Phone: _____ Second Phone: _____ Relationship to Player: _____	Fathers Information: Name: _____ Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email: _____

District Boundaries - I/we understand that the Ute Conference District boundaries coincide with the High School boundaries in which my son or daughter resides. I/we acknowledge that I/we am responsible for verifying that he/she is registered within said Conference districts. Penalties for playing out of the appropriate Conference district can be imposed on an entire team including forfeiture of any games a wrongfully registered player participated in and possible elimination from playoffs for an entire team. In the event of the creation of a new district, only incoming Junior aged players (14-15 yr old) will be allowed to return to the district they were registered in the prior year.

District boundaries Parent / Legal Guardian Initials _____

Ute Conference Equipment - We agree to be fully responsible for the return of the items of equipment issued to the above named player. All equipment will be returned in a reasonable condition, with only normal wear and tear when requested to do so by District or Conference Officer or pay the replacement value of \$260.00. No equipment will be accepted after December 31st of current season/year. If the equipment is not returned by December 31st collection responsibilities will be turned over to an outside agency for immediate collection of the stated value of \$260.00, plus all costs of collection, including a reasonable attorney fee plus interest. A player quitting prior to the end of the season will have 2 weeks to return equipment to District Officer or it will be turned over to an outside agency for immediate collection actions as stated.

Signature of Parent / Legal Guardian: _____

Helmet Release and Consent

_____ **My Player will be using and wearing the Ute Conference, Inc. issued helmet**

_____ **My Player "Will NOT" be using and wearing the Ute Conference, Inc. issued helmet** - My child will not be using or wearing the Ute Conference, Inc. provided helmet as part of the issued equipment. I hereby waive, release, and forever discharge the Ute Conference, Inc., their districts, sponsors, organizers, officers, team coaches, supervisors, assistants, from the above-described activity from any and all damages, risks, hazards, and personal injury to my child named above as participant incidental to wearing a helmet that has not been inspected or certified to the standards of the Ute Conference, Inc. This release is intended to release and discharge in advance those based on negligence or carelessness, but not for intentional torts or intentionally causing injury. I understand that the above activity involves an element of danger and risk of injury. I hereby assume those risks of wearing a helmet that is not certified to the standards of Ute Conference, Inc., known or unknown to me. Furthermore, I voluntarily clearly and unequivocally agree to assume those risks of participating in a helmet that does not meet Ute Conference standards or requirements. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on myself, my heirs, executors, administrators and assigns.

Signature Parent / Legal Guardian: _____ **Date:** _____

READ ALL THE SECTIONS (FRONT AND BACK) BEFORE SIGNING - I have read and understood the liability, indemnification, parental consent agreement; representation of resident, age, refund policy and insurance, and hereby agree to all of the terms and conditions applicable to be herein. We also agree to abide by the bylaws, policies and procedures of the Ute Conference, Inc.

_____ **Signature of Parent / Legal Guardian** _____ **Date**

Terms Conditions and Policies of the Ute Conference, Inc. – Continued

Judge / Juan Diego Red Shirt - Be advised that a player previously registered to play in the Judge or Juan Diego District may not register to play in the district in which he/she resides until they have "red shirted" (not participated) for one season. The same rule applies to a player who has been playing in the district they currently reside in and wishes to register in the Judge or Juan Diego district. This "RED SHIRT" rule can be suspended only in the event of a player physically moving residency from one district to another prior to changing registration as previously stated.

Age Requirement - I/we further represent that my son or daughter is in fact the actual age as represented above and understand that their eligibility to participate is determined by his/her age. The age of your player on September 1, of current year determines age classification eligibility.

Team Placement - I/we also understand that the team my child participates on and the coach they play for is determined solely by the team coaches and District Officers unless special circumstances require intervention on the Conference level.

Insurance Coverage - I/We understand that the Ute Conference, Inc. provides catastrophic medical insurance coverage for injuries sustained while participating in any sanctioned practice or games. Coverage becomes primary for uninsured players. There is a deductible and maximum payout per accident. All claims must be submitted no later than 60 days after the date of the accident.

Liability Release - In consideration of the acceptance of my application for participation in the above activity, I hereby waive, release, and forever discharge the Ute Conference, Inc., their districts, sponsors, organizers, officers, team coaches, supervisors, assistants, and those transporting participants to and from the above-described activity from any and all damages, risks, hazards, and personal injury to my child named above as participant incidental to the above described activity which may hereafter result or accrue as a result of participation in said activity. This release is intended to release and discharge in advance those based on negligence or carelessness, but not for intentional torts or intentionally causing injury. I understand that the above activity involves an element of danger and risk of injury. I hereby assume those risks, known or unknown to me. Furthermore, I voluntarily clearly and unequivocally agree to assume those risks, with the realization that I have the alternative of choosing not to have my child participate in this activity. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on myself, my heirs, executors, administrators and assigns.

Children's Online Privacy Protection Act (COPPA) Privacy Notice – Your player(s) information has been entered into Ute Conference, Inc. website. The information collected is directly from the parent/guardian. The personal information provided is for team rostering and administration of the player. No information will be disclosed to third parties; any business and or mailing lists. The operators of this website will not require more information than is reasonably necessary for the participation in our football league. The parent/guardian can review the player(s) personal information at any time.

Consent for Medical Treatment - I hereby give my consent to have the above participant receive first aid and medical treatment or to be treated by a physician or surgeon in case of accident or injury while participating in the above activity. I understand I am responsible for the deductible associated with coverage under the current insurance plan. I further understand that costs of medical care, which exceed the limit of applicable coverage, will be at my expense. The nature of the injury may require the use of emergency medical personnel.

Concussion Statement – Review the Ute Conference Concussion statement at www.utefootball.org.

Refund Policy - No exceptions will be made for this policy: Prior to 1st day of practice, a full refund less the \$25 fee (Online, Administration and Organizational Costs) will be refunded. No refund will be given after the first day of practice as defined in the Ute Conference Bylaws. Refunds will only be issued after all equipment has been returned to the district. You must provide a copy of your registration receipt in order to receive a Refund.

Promissory Note - Payment of this note may be made at any time without penalty. If the holder deems itself insecure or if default be made in payment of the whole or any part of any installment at the time when or the place where the same becomes due and payable as aforesaid, then the entire unpaid balance, shall, at the election of the holder hereof and without notice of said election at once become due and payable. In the event of any such default or acceleration the undersigned, jointly and severally, agree to pay to the holder hereof reasonable attorney's fees, legal expenses and lawful collection costs in addition to all other sums due hereunder. Presentment, demand, protest of dishonor and extension of time without notice are hereby waived and the undersigned consent to the release of any security, or any part thereof, with or without substitution. **If payments are not paid in full, by Labor Day of the current year**, the Ute Conference, Inc. reserves the right to remove said player from team roster. Any unpaid balances at the conclusion of the season (2nd Saturday in November) will be turned over for immediate collection by an outside collection agency.

Amount Owed:\$ _____ Signature Parent / Legal Guardian: _____

District President Signature: _____ Date: _____

DISTRICT SIGNATURE MUST BE PRESENT FOR PROMISSORY AGREEMENT TO BE VALID.

