REGISTRATION FORM
UTE CONFERENCE, INC.

405 South Main St. #1100

SLC, Utah 84111

		District No. _____		District _____		
		Amount Paid		Parent Int.	**Registration Date:**	
		Cash			Notes:	
		Check				
		Credit Card				
		Balance Due			Due By Date	
		Received By			Birth Certificate	Need ___ On File ___
Birth Date ___/___/___	**Age on Sept 1, _____ this yr**	**Weight**		Division		

THIS FORM MUST BE COMPLETELY FILLED OUT & SIGNED BEFORE EQUIPMENT IS ISSUED, BEFORE A BOY/GIRL CAN PARTICIPATE IN ANY UTE CONFERENCE ACTIVITIES.

Be advised that a player registering and playing in the Judge / Juan Diego District may not register / play in the district in which he resides until he has "red shirted" (not participated) for one season. The same applies to a player who had been registered in another district and wishes to register / play in the Judge / Juan Diego District.

PLEASE PRINT CLEARLY

REGISTRATION FEE BREAKDOWN: $50.00 OF REGISTRATION FEE GOES TOWARDS UTE CONFERENCE FRANCHISE FEES, AND INSURANCES, $50.00 GOES TO JERSEY PURCHASES, $50.00 GOES TO OFFICAILS, SECURITY AND ON FIELD MEDICAL PERSONNEL AND $10.00 GOES TO ONLINE ADMINSTRATIVE COSTS (TOTAL COST TO UTE CONFERENCE, INC. $160.00). BALANCE OF FEES GOES TO THE DISTRICT FOR OPERATIONS. EACH DISTRICT OPERATES INDEPENDENTLY.

Player Name: _____

Player Home Address: _____

City: _____ Zip Code: _____

Player
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Contact Email Address: _____

Contact Emergency Phone Number Other than Parents:

_____

School Attending on September 1: _____

Played Last Year in what District: _____

Mothers Name: _____

Mother Home Address: _____

City: _____ Zip Code: _____

Mother
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Fathers Name: _____

Father Home Address: _____

City: _____ Zip Code: _____

Father
Home Phone:_____ Cell Phone:_____ Work Phone:_____

We understand that the Ute Conference, Inc., provides secondary medical insurance coverage for Injuries sustained while participating in practice or games. There is a $100.00 deductible and $2500.00 maximum per accident. All claims must be submitted no later than 60 days after the accident.

We agree to be fully responsible for the return of the items of equipment issued to the above named player. All equipment is to be returned in reasonable condition, with normal wear and tear when requested to do so by Conference or district officials, or pay the stated value of $260.00, plus all costs of collection Including a reasonable attorney fee plus interest.

District Boundaries - I/we are aware of the Ute Conference District Boundaries and represent that my son or daughter reside in the Ute Conference district in which he/she is registering and acknowledge that in the event it is discovered that my/son or daughter does not reside in such district, he/she will not be eligible to participate in such district. Penalties for playing out of district include team forfeiture of games and elimination from Playoffs. In the event of the creation of a new district, only Junior age (14-15 yr old) players will be allowed to return to the prior year district.

Age - I/we further represent that my/son or daughter is in fact the actual age as represented above and understand that his/her eligibility to participate is determined by his/her age. Team Placement - I/we also understand that the team my child participates on and the coach he/she plays for is determined solely by the District and/or Conference.
Liability Release, Indemnification & Parental Consent Agreement The undersigned parent / guardian releases the above named child to Active Participation in the UTE CONFERENCE, INC supervised football program as a member of the District and Football Team as of the date indicated above.

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.

Parental Consent and Indemnification - I agree to absolve, hold harmless and indemnify the Ute Conference, Inc., their districts, organizers, sponsors, officers, employees, agents, coaches, assistants and those transporting participants to and from practices and football games from all liability and claim for damages, including personal injury based on negligence or carelessness, but not for intentionally causing injury. I give my consent for my Child to participate in the above activity, and I execute the above liability release on behalf of my child and myself, our heirs, assigns, executors and administrators. I execute the Parental Indemnification on my own behalf. I clearly comprehend the force and effect of signing this agreement.

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 above mentioned deductible. 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.

Refund Policy - Prior to 1st day of practice, a FULL REFUND less the $25 fee (Online, Administration and Organizational Costs) will be given. NO REFUND WILL BE GIVEN ON OR AFTER THE FIRST DAY OF PRACTICE - NO EXCEPTIONS Refunds will only be issued after all equipment has been returned to the district. You must provide a copy of your receipt in order to get a Refund.

READ BEFORE SIGNING - I have read and understood the foregoing liability, indemnification, parental consent agreement; representation of resident, age, the provision concerning equipment and insurance, and hereby agree to all of the terms and conditions applicable to be herein.

_____ _____

Signature of Parent / Legal Guardian Date

_____

Name (Printed)