

Easter Egg Splash

Date: Friday, April 12th, 2019
(Tickets go on sale April 5th)
Cost: \$5.00 per participant
(includes Dive and Open Swim After Event)

Check in for event will begin at 4:30 pm
Dive Times: 5:30 pm 9-12 years of age
5:50* pm 7-8 years of age
6:10* pm 5-6 years of age
6:30* pm 3-4 years of age

* Start times are approximate

Register at the Park Center or online at: mcreg.com

- Please arrive at least 15 min before your dive to get checked in.
- There is limited availability in each age group.
- Participants must have a wrist band to enter pool. Wrist Bands are specific to age group and times and will be given out to participants at check in.
- All participants must wear a swim suit, Towels are not provided
- **Parents will not be allowed to accompany children into the water.**
- Please bring a water proof bag to collect eggs, we recommend mesh type bags.
- There will be no refunds given for day of event cancelations or missed dives.

Ducky Derby
Ducks Cost \$1 each**
Races Begin at 6:45pm

**Ducks will only be available for purchase until 6:00 PM on the day of the event

THE PARK CENTER 202 EAST MURRAY PARK AVENUE MURRAY.UTAH.GOV

Childs Name: _____ Age: _____ Birth Date: _____
 Class registering for: _____ Grade: _____ School: _____
 Address: _____ City: _____ Zip: _____
 Parent/Guardian Name: _____ Work Phone: _____
 Home Phone: _____ Email Address: _____
 Emergency Contact: _____ Phone Number: _____
 Does the participant have any physical limitations? _____ No _____ Yes
 If yes, please explain: _____

Head Injury and Concussion Policy and Liability Waiver

In any sports activity run by the Murray City and every agent, coach, referee, or employee thereof shall immediately remove a child of 18 years of age and younger from participating in a sporting activity if the child is suspected of sustaining a concussion or a traumatic head injury

The child will be prohibited from participating in any sporting activity until the child is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and provides the City with a written statement from the qualified health care provider stating that:

the health care provider has, within three years before the day on which the written statement is made, successfully completed continuing education course in the evaluation and management of a concussion; and the child is cleared to resume participation in the sport activity.

A child participant, or parent or legal guardian of a child participant, who suspects the child participant may have sustained a head injury or concussion at any time during a game, class, course or season of a sports activity, regardless of location such suspected head injury was sustained, must immediately make it known to a City staff member.

Before a child is allowed to participate in any City sports activity, the parent or legal guardian shall inform City staff members as to whether the child participant has ever sustained a concussion or head injury. If a child has previously sustained a head injury, the parent or legal guardian shall provide City with clearance as explained in section 2 above.

The City, in its discretion, may consider temporary or permanent disqualification from contact sports or sports with a higher likelihood of head injury for participants who have previously sustained three or more concussions and experienced slowed recovery.

Before a child is allowed to participate in any City sports activity, the parent or guardian of the child must sign the attached acknowledgement and release.

As the parent or legal guardian; I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

[] my child has not previously sustained a concussion or head injury; or

[] my child has previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs and fees from concussions or head injuries that arise when I have not complied with the Policy.

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and liability release form and agree to all of their terms and conditions.

Signature of Parent/Guardian: _____

Date: _____



PARK·CENTER

The Park Center
 202 East Murray Park Ave.
 (801)284-4200

Office Use Only

Paid \$ _____
 CASH CHECK VISA
 DISC AMEX MC

Date: _____ Staff: _____