



CITY OF UTQIAGVIK

"Farthest North Incorporated City"

City of Utqiagvik 2019 Fall Youth Program

September 09, 2019 – November 28, 2019

September 9, 2019 – September 19, 2019	Soccer
September 23, 2019 – October 3, 2019	Dodgeball
October 7, 2019 – October 17, 2019	Basketball
October 21, 2019 – October 31, 2019	Indoor Hockey
November 4, 2019 – November 14, 2019	Kick Ball
November 18, 2019 – November 27, 2019	Volleyball

Age Groups:

Senior Boys/Girls: 3rd through 5th Grade

Junior Boys/Girls: K-4 through 2nd Grade

\$75.00 per child participant

For more information:

- Contact the City of Utqiagvik Recreation Department
- 907-852-5211
- recreation@utqiagvik.us



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City of Utqiagvik 2019 Fall Youth Program Registration Form

Child Name: _____

Gender: _____ Age: _____ DOB: _____ Teacher _____

Parents/Guardian Name: _____

Emergency Contact Name: _____ Contact #: _____

League: Senior League (3rd Grade - 5th Grade) Junior League (K4-2nd Grade)

I give permission for _____ to participate in the 2019 Fall Youth Program conducted by the City of Utqiagvik. I understand that my medical insurance coverage for my child of considered primary. City of Utqiagvik and any agent involved with the City of Utqiagvik shall be held harmless in the event of injury. I also understand from time to time pictures and videos will be taken at Piuraagvik Park and could be used in print media or posted on the City of Utqiagvik website.

Transportation:

After School Transportation will begin Monday, September 9, 2019. Your signature below indicates you give permission to the City of Utqiagvik to transport your child from Ipalook Elementary to Piuraagvik/Roller Rink for afternoon sessions. **We will only provide transportation on scheduled practice days. Your child MUST be picked up at Piuraagvik/Roller Rink before 5:30 pm.**

YES, I would like my child picked up after school and transported to Piuraagvik for Little Dribblers.

NO, I do not want my child transported to Piuraagvik for Little Dribblers

Patent/Guardian Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Total Participants: _____ Total Paid: \$ _____ C.O.U. Staff Initials _____ Date: _____



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Release of Liability Agreement

I, the undersigned, hereby represent that I am the Custodial Parent/Legal Guardian of _____ . I hereby give my permission for the above named child to participate in the City of Utqiagvik Fall Youth Program and all activities related to the program.

I understand the risks related to participation in sports activities and assume any and all of the risks of participation in the program including, but not limited to property damage, injury or even death.

Participation in this program and the use of transportation to and from the program facility is completely voluntary and therefore, I hereby release the City of Utqiagvik, its employees, agents, and any representative of the program, from any and all claims of liability for personal injury, death or property damage.

Medical Authorization

Further, I, the parent/legal guardian authorize the City of Utqiagvik Fall Youth Program to provide emergency treatment for any injury or illness my child may experience during participation in the program. I consent to any and all treatment deemed necessary by qualified medical personnel. This authorization is granted ONLY if I cannot be reached and a reasonable effort has been made to do so.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:
