

# City of Cedar Hills

2010

## LACROSSE

### *IMPORTANT INFO*

3rd - 6th Grades \$55

\* NO EXTRA FEE for non-residents \*

**Registration due: Friday, April 23, 2010**

\$10 late fee per person after deadline IF space on a team is available

Register at the Cedar Hills City Office

(Monday—Thursday, 8 AM—5 PM, Friday 8 AM—4 PM)

or mail to 3925 W. Cedar Hills Drive, Cedar Hills, UT 84062

**Please make checks payable to “City of Cedar Hills”**

- Teams divided according to grade and gender and will be determined by the Community Services Department
- Six-game season
- Games played on Saturdays (normally), June through July
- Storm Athletics (in Pleasant Grove) offers equipment for rental or purchase. Stick and mouth guard are NOT provided in rental and must be purchased.

**Central Utah Youth Lacrosse**

**Sponsored by:**

American Fork, Cedar Hills, Lehi, Highland, Mapleton, Orem, Pleasant Grove, Provo, Springville, Wasatch

# LACROSSE

*3rd–6th Grades \$55*



CEDAR HILLS

**Registration due: Friday, April 23 by 4:00 PM**

\$10 late fee per person after deadline IF space on a team is available

Please make checks payable to “City of Cedar Hills”

Child’s Name: \_\_\_\_\_

Circle: *BOY* or *GIRL*

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address (MANDATORY): \_\_\_\_\_

Your e-mail address will be used by the Community Services Department ONLY and will not be given to any other private or public organization.

You may ONLY request ONE friend. This friend MUST also request YOU.

We need to receive both requests by the deadline for the request to be granted.

Friend request (first and last name): \_\_\_\_\_

YOUR CHILD’S TEAM NEEDS YOU! (Circle One)

Coach

Team Mom

Volunteer’s Name: \_\_\_\_\_

Assistant Coach

## PARTICIPATION WAIVER

I hereby, for my child, do waive and release any and all rights and claims for damages I or my child have against the City of Cedar Hills or its representatives, for any and all injuries suffered by myself, my child, or any member of my family, going to, coming from, or at any Cedar Hills sponsored Lacrosse game, practice, or related event. I acknowledge that Cedar Hills Lacrosse is a physically active sport that has some inherent risks to the participants.

I hereby certify that I have read this waiver and recognize that I assume full responsibility for medical coverage for my child and family. I understand and acknowledge that Cedar Hills does not provide medical insurance for the participants of this program.

PARENT/GUARDIAN’S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**For Office Use ONLY**  
Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_