

# TINY TOT SOCCER



3 and 4 year olds  
Must be 3 by April 1  
\$20

\* price includes team shirt \*

Register @ Cedar Hills City Office  
(Monday—Thursday, 8AM—5PM;  
Friday 8AM—4PM)  
or mail to 3925 W. Cedar Hills Drive,  
Cedar Hills UT 84062

**Registration due: Friday, March 26th**

\$10 late fee per person after March 26th

E-mail: (required) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Circle: *BOY* or *GIRL*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Neighborhood Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

## 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 Tiny Tot Soccer game, practice, or related event. I acknowledge that Tiny Tot Soccer is a physically active sport that has some inherent risks to the participants. I understand that protective equipment is not provided for the program.

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: \_\_\_\_\_

Do you want to help out with the team this year? (Circle One)      Coach      Team Mom

Volunteer's Name: \_\_\_\_\_ Assistant Coach



Please make checks payable to *City of Cedar Hills*.

### For Office Use ONLY

Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_