## **<u>Cedar Valley SportsPlex</u>**

## **Summer Soccer**





Parent's/Guardian's Name

## Pre/K - 4th Grade

Boys and girls will receive 7 weeks of instruction in soccer fundamentals and participate in team practices and recreational games. All teams will be coed. The program will meet Monday night's beginning on July 8th at the Cedar Valley SportsPlex. Pre/K-1st grade will meet at 5:30 PM and 2nd-4th will follow at 6:45 PM. Shin guards are highly recommended. Space is limited so register early. Fee includes team T-shirt.

Registration Begins: February 12, 2024 Registration Deadline: June 28, 2024 Site: Cedar Valley SportsPlex

Rate: \$35 (includes team t-shirt)

Member Rate: \$31.50 (includes team t-shirt)

Program Dates: July 8 – August 26

**Program #**: Pre/K-1st - 2422 2nd-4th -2423

## Volunteer Opportunity

The City of Waterloo and the Cedar Valley Sportsplex offers a wide variety of youth sports activities. With the number of participants in each sport rising, it becomes difficult to find coaches for each team. In order to do so, it is often necessary to recruit parents of participants to coach. Volunteers are an instrumental factor in helping our programs and teams run efficiently. If you can help out please call Alex Hildman at 319-291-0165 or email at alex.hildman@waterloo-ia.org

<u>SUMMER SOCCER</u> - Late registration will result in a \$5 late fee if spots are still available

Email

Address					City		Zip	
Phone: Home  CVSP is committed to inclusion. Does your child require any modifications to help him/her					Cell		Work	
Participant's Name (Last, First)		M/F Birth Date			Current Grade	Program #	Program Name	Fee
			/	/				
			/	/				
								Total \$
Method of Payment  ☐ Cash ☐ Check ☐ Visa ☐ Mastercard	Card Number						*FOR OFFICE USE  Amount:  Date Received:	
Discover	Exp. Date (Mont	th/Year	)			CVV	Staff Initials:	
SportsPlex continually strive to reduce risks and insists that is Warning of Risk Recreation activities are intended to challenge and engage the injury when participating in any recreational activity/program weather, slipping, falling, poor skill level or conditioning, cas indoor and outdoor recreation activities/programs exist. In th WAVIER AND RELEASE OF ALL CLAIMS AND ASS Please read this form carefully and be aware that in signing us or your mimor child/ward might sustain arising out of or as a tain risks of physical injury and I voluntarily agree to assume relinquish all claims my mimor child/ward or I may have (or independent contractors, instructors, servants and employees sonnel any treatment deemed necessary for my mimor child? PHOTO POLICY: Refunds are issued in full if a class is if RETURN POLICY: Refunds are issued in full if a class is if RETURN POLICY: Refunds are issued in full if a class is if Refunds may not be issued after team assignments have been request has been denied, you will be contacted by a staff mer If registering online, via phone or email, my facsimile sign and release of all claims and assumption of risk, permission of the property of the property of the permission of the property of the permission of the permission of the property of the permission of the permission of the property of the permission of the property of the property of the permission of the property of	ne physical mental and emotional r m. Understandably, not all hazards relessness, horseplay, unsportsma is regard, it must be recognized th UMPTION OF RISK up and participating in the identific result of the activities of this proge the full risk of any injuries, inclu accrue to me or my child/ward) as affurther agree to indemnify and I s/ward's immediate care and I age ar Valley SportsPlex may video ta future program magazines, brochu full or cancelled by the Sports Dep n made. Refunds approved after th mber from the Leisure Services De nature shall substitute for and h	esources of and danger nlike conduct it is imposed program(stram (includiding death, a a result of pold harmles ee that I will upen or take press, promoti bartment. Refers the first meeting partment. A ave the sam	each partic s can be fo t, premise ssible for s), you wil ing transped damages c participatins is and defe l be respon hotograph onal litera funds for in g will be All refunds te legal ef	cipant. Des reseen. Des es defects, Waterloo I II be expres ortation see or loss rega ng in the prend Waterl nssible for particiture, webs personal re charged a s will be m fect as an	prite careful and pending on the inadequate or de-eisure Services saly assuming the rvices/vehicle or rdless of severit rogram against V to Leisure Services y ayment of any apants enrolled in ties, or for use of asons must be s \$10 administrat ailed within three and the result of t	proper preparation, instruction, men particular activity, participants mus- fective equipment, inadequate supe and the Cedar Valley SportsPlex to e risk and legal liability, waiving an veration, when provided). As a parti y which my minor child/ward or I n Vaterloo Leisure Services and Ceda ces and Cedar Valley SportsPlex sta and all medical services rendnered. I Waterloo Leisure Services and Ce n cable television. Ubmitted in writing. Approved refur ive fee. The Waterloo Leisure Servi we weeks.	t understand that certain risks, dangers and injuries dervision, instruction or officiating, and all other circuity guarantee absolute safety.  In releasing any and all claims for injuries, damages icipant in the program, I recognize and acknowledge may sustain as a result of said participation. I further in Yalley SportsPlex, including officers, officials, age aff to secure from any licensed hospital, physician, and edar Valley SportsPlex activities, classes, or program ands prior to the start date will be assessed a \$5 admirities. Department reserves the right to deny a request for the start date will be assessed a \$5 admirities.	tue to inclement mstances inherent to or loss which you that there are cer- agree to waive and nts, volunteers, and/or medical per- as or may take photo- nistration fee. for a refund. If your
X	1 10)				D :			
Signature of Parent, Guardian or Participant (Un X					Date			
Print Name of Parent, Guardian or Participant (Under 18)					Date			