

← → ↺ 🏠 🌐 utahfccedarcity.com/recreation-teams 📄 ☆ 🗂️ 📄

Season Dates: April 13th-May 16th 2026

Game Schedule  
Tues: Co-Ed Wed: Girls Thurs: Boys Sat: Everyone  
\*Schedules can change based on registrations\*

2026 Rec Registration price with a Uniform is \$100  
In an effort to make our Recreational Soccer program more affordable, all players and teams wear the same reversible Utah FC jersey. This jersey can be reused for multiple seasons. The jersey is part of registration and does not come with shorts or socks. If you do not need to order a Utah FC reversible jersey, you must uncheck the box "Uniform Fee" at the end of registration during checkout. Players can wear any shorts or pants and soccer socks that they choose. Shin guards and soccer cleats are required as well.  
You can see a sample picture of the jersey above

[Click Here](#) 2026 REC REGISTRATION NOW OPEN

## REC SCHEDULE

2026 REC SCHEDULE LINK (COMING SOON)



# Utah FC Cedar City Soccer

- ▶ Login
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- ▶ Help Center



[Click Here](#) → **Registration**

## Spring Rec Registration 2026

**Season Dates: April 13, 2026-May 16, 2026**

**Registration Fee: \$100**

**\$15 OFF Per Player with Promo Code: UTAHFC26 until December 31st, 2025**

**\*\*NOTE: When registering multiple players, promo code must be entered in for each player.**

**Registration Deadline: February 2, 2026**

**Birth years: 2011-2022**  
**\*\*U12 & Older is Coed**

**Player Registration Directions:**

1. Click the blue Registration button tab at the top
2. In the first box, check "Player Registration"

### ASSOCIATION HOT SHEET

- New Season Tips and Reminders for Registrars - [CLICK HERE](#)
- New Season Set Up Check List - [CLICK HERE](#)
- Printing Instructions - [CLICK HERE](#)
- Visit the Utah Youth Soccer Website - [CLICK HERE](#)
- Register for a Class, Event or Camp - [CLICK HERE](#)



# Utah FC Cedar City Soccer

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[Traducir en Español](#)

Tip: Hover your mouse over the "Help" icons to get useful information!

Select registration type(s)

Select a season: \*

Fall 2025/Spring 2026

Select registration type(s): \*

☒ Player Registration

☐ Coach / Admin Registration

\* are required fields

[Continue >>](#)

Then click continue

Login or create an account,  
then select Player Registration

[Traducir en Español](#)

[Add Family Member >>](#)

[Create Registration >>](#)

[Accept ELA >>](#)

[Make Payment >>](#)

[Print Form](#)

## Account Primary Contact

**Name:** Utah Fc  
**Address:** PO Box 3004 Cedar City, UT 84721-3004  
**Phone:** (435) 590-1157(h) (435) 590-1157 (c)  
**Email:** [utahfc.cedarcitysoccer@gmail.com](mailto:utahfc.cedarcitysoccer@gmail.com)

Please add any new family members as needed. To update an existing member's contact info, click 'Edit'. A profile's name, DOB and email cannot be changed in this process. Click 'Continue' to proceed to the registration page.

To switch the primary contact, please click [Switch Primary](#).

## Add All Your Family Members To Be Registered

If there is no family member to be added, please click continue.

[Add New Player](#)

[Add New Parent/Guardian](#)

[Continue >>](#)

Name	IDNum	DOB	Gender	Relationship	Edit
Utah Fc	67356-875512		F	Mother	<a href="#">Edit</a>
Sample Fc	16767-631560	04/12/2018	F	Player	<a href="#">Edit</a>

You can add a new player or edit your info  
on this page, then click continue.

Traducir en Español

Add Family Member >> Create Registration >> Accept ELA >> Make Payment >> Print Form

Register Only Members Who Participate This Season ( Fall 2025/Spring 2026 )

Name	ID Num	DOB	Relationship	Registration
Utah Fc	67356-875512		Mother	--
Sample Fc	16767-631560	04/12/2018	Player	Register as Player

If you would like to add additional family members please click the back button.

<< Back

Please register at least one family member above to Continue.  
Click Register as Player

List Of Registrations Just Created

Name	IDNum	DOB	PlayLevel	AgeGroup	RegType	Remove
------	-------	-----	-----------	----------	---------	--------

Utah FC Cedar City

Recreation Spring O Under 8

Registration

ATTENTION  
concussion  
Please click  
reference.  
UYSA Conc

Add Family Member

Register Or

Name
Utah Fc
Sample Fc

If you would like to add additional family members please click the back button.

<<

List Of Registrations Just Created

Personal Information

First Name\* Initial Last Name\* Suffix

Sample Fc

Gender\* Birthdate\*

Female April 12 2018

Click here to show photo or certification upload

Shirt Size\*

Youth S

Country of Birth

United States of America

Country of Citizenship

United States of America

Has this player played outside of the U.S.?

NO

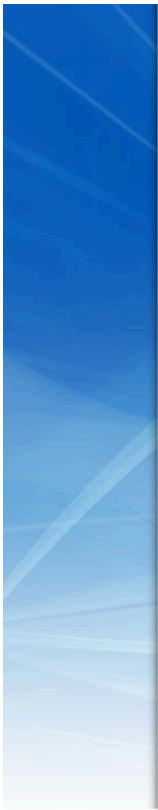
Emergency Contact Information

Logout

Traducir en Español

Print Form

Continue.



Please click on the reference.

UYSA Contact

Add Family Member

Register Or

Name
Utah Fc
Sample Fc

If you would like to add members please click here

<<

List Of Registered

Name
------

I acknowledge

Are you willing to volunteer as a team parent?\*

☒ Yes ☐ No

What grade is your child in?\*

Pre-K

What school does your child attend? Or if not yet in school, what are their school boundaries?\*

North Elementary School

If you have children in the SAME AGE BRACKET, please notate it here so we can make sure they are on the same team. (This is only for siblings in the same age bracket.)

Are there any special needs coaches need to be aware of?\*

NA

How did you hear about us?\*

Email from the club

Would you be interested in receiving information about becoming a sponsor?\*

☐ Yes ☒ No

\*Required \*\*Just One Required

Save & Register Another Save & Next Page Cancel

After answering each question,  
click save & next page

your process.

Spanish

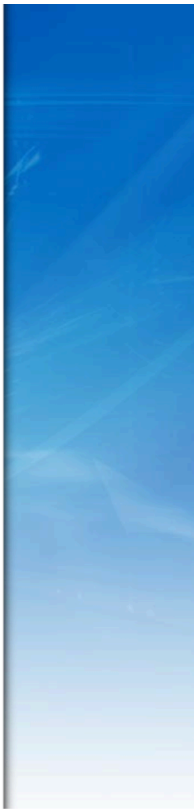
Form

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# Utah FC Cedar City Soccer

## Registration Instructions

Please read and accept the following Electronic Legal Agreements to continue with your registration.

[Traducir en Español](#)

[Add Family Member >>](#)

[Create Registration >>](#)

[Accept ELA >>](#)

[Make Payment >>](#)

[Print Form](#)

Read through each ELA and check them

## Accept ELA

### 1 of 6 CONCUSSION MANAGEMENT POLICY

Action Plan for Head Injuries: h UYSA has adopted these policies for the management of concussions in youth soccer. o Any player showing signs or symptoms of a concussion shall be immediately removed from participation/competition. o All UYSA players sustaining or suspected of sustaining a traumatic brain injury MUST use the UYSA Concussion Clearance Form in order to return to play. o UYSA will not allow any athlete who has sustained or is suspected of sustaining a traumatic brain injury to return to play until UYSA has received a UYSA Concussion Clearance Form for that athlete bearing the signature of a Qualified Health Care Provider. X A Qualified Health Care Provider is someone who meets the following requirements: h Licensed in the state of Utah under the Division of Occupational and Professional Licensing Act. h May evaluate and manage a concussion within the health care provider's scope of practice. h Successfully completed a continuing education course in the evaluation and management of a concussion within 3 years. Appropriate Clearance of Head Injuries: h UYSA will follow these guidelines for managing concussions or suspected concussions in youth soccer. o The Qualified Health Care Provider who has cleared the athlete must provide a statement that they are trained in the evaluation and management of concussions. o Optimally, all athletes should progress through the (Return-To-Play Protocol) (R.T.P.P) on the UYSA Concussion Clearance Form before returning to play, but athletes may return to play without completing the protocol if indicated on the UYSA Concussion Clearance Form by a Qualified Health Care Provider. o The UYSA Concussion Clearance Form must be signed by the parent or legal guardian of the athlete before the athlete is allowed to return to play. X The Athlete's Signature is the parent's signature.

☐

I Accept

### 2 of 6 CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above-named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb, or well-being of the registrant.

Como padre o tutor legal del jugador mencionado más adelante, por el presente doy consentimiento para un cuidado médico de emergencia prescrito por un médico debidamente licenciado de Medicina o Doctor en Odontología. Este cuidado se puede dar bajo cualquier condición que sea necesaria para preservar la vida, la integridad física, o el bienestar del jugador.

☐

I Accept

[Add Family Member >>](#)

[Create Registration >>](#)

[Accept ELA >>](#)

[Make Payment >>](#)

[Print Form](#)

## Make Payment

### Registration Fee

#### Utah Youth Soccer Donation

Utah Youth Soccer works hard to improve the soccer experience for all members in Utah. If you would like to help financially support our efforts to improve and develop fields and provide scholarships and financial assistance to our players, please donate any amount below. Utah Youth Soccer and our community truly appreciate your support.

Amount

☒ \$0 ☐ \$10.00

☐ \$25.00 ☐ \$50.00

Product	Promo Code	Qty	Subtotal
✓ Sample Fc, Registration Fee 2026, Under 8 ,Recreation Spring Only		1	70.00
✓ Sample Fc, Uniform Fee 2026, Under 8 ,Recreation Spring Only		1	20.00
✓ Sample Fc, UYSA Membership and Legacy Field Fees, Under 8 ,Recreational		1	10.00

Items Ordered

[Add Promo Code Discount](#)

After Agreeing to each ELA, it will take you to the payment page.

Here you can enter a promo code, if applicable

3 item(s) totaling: 100.00  
Order Total: 100.00  
Total Due: 100.00

Payment Method\*

[Choose One](#)

[Continue >>](#)

You will also need to uncheck the uniform fee, if you are not ordering a new one for your player.

\*Each player is required to have Utah FC rec uniform.