## **Team Registration Form**

INSTRUCTIONS: All fields are required. To register for the 2024 Summer/Fall Softball League. Return the filled-out registration form with your team fee, player fees, and a signed official roster to the Meridian Parks and Recreation Office by: **Tuesday, June 18th, 2024 by 5 p.m.**. Spots are on a first-come, first-serve basis and not guaranteed until payment is received in full. Paperwork and payment must be received by the deadline and still have available spots open.

League Fees: (Includes 8 league games and End of Season Single Elimination Tournament, and Idaho Softball Registration.)

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Team Fees - \$500 per teamPlayer fees are non-transferable from player to playerMeridian Resident Player Fee - \$10Non-Resident Player Fee - \$20Upon registration, each team will be allowed 1.5 hours of free practice time per week if fields are availablebefore the season starts.

	••••••			••••••
Team Name:				
Team Manager	-	P	hone:	
Home Mailing A	Address:	State 1	VEAL	
City:		State:		Zip:
Email Address:				
				••••••
Teams you sha	re players with (If Necessary	Iist team name and	nd coaches name:	
City League an	d Division played Last Seaso	on:		
Meri	dian:Division:	Team Win	/Loss Record:	
	other:Division:			
	d this year: (1 is the highest I			
Coe	d: C3C4C5C6_	C7C8C9	)C10C11	Spots are not guaranteed until
Men	's: M1M2M3M	4M5M6	_M7	payment is received
Scheduling for	rmat: Coed teams will play M	Monday, Wednesda	y, and Friday	in full. Paperwork and
	Men's teams will play	Tuesday, Thursday,	, and Friday	payment must be received by the
	Friday's will be used a			deadline and still have
Please give yo	our top two choices: (Times	s are not guarante 7:30/7:45 p.m.		available spots open.
<b>.</b>		7.3077.43 p.m		
	r: First complete the current rec			e, paperwork is completed
	teps to complete and secure yo 08-888-3579 and pay over the J	· · · · · · · · · · · · · · · · · · ·	•	th the completed registration
form and roster fo	rm to recreation@meridiancity.	org		
	nto our office at 33 E. Broadway sh, check, or credit card.	y Ave., Suite 206, with	a completed registrat	tion form and roster and pay
	r completed registration form a	nd roster with paymer	nt to 33 E. Broadway A	ve., Suite 206, Meridian, ID
83642. (Must be r	eceived by the deadline and sti	II have available spot	s open.)	
XXXXX	Paym	ent Method (Officient	ce Use Only)	farmer content
heck #:	Cash:	Credit Card:	In Person of	r Online:
ate naid	Amount Paid	City Receipt N	imher:	Received By:

CITY OF MERIDIAN PARKS & RECREATION DEPARTMENT 33 E. BROADWAY, MERIDIAN, ID 83642 208-888-3579 FAX: 208-898-5501 TEAM NAME	COACH/MANAGER'S NAME	Player fees are non-transfe SPORT: CoedMen's YEAR:	women's 2024
HOME ADDRESS	CITY	STATE	ZIP
PHONE (H)(W)	E-MAIL ADDRESS		

WAIVER AGREEMENT: I acknowledge that my participation in the above-written activity offered by the City of Meridian presents risks, some of which are unknown. I agree to assume all known and unknown risks associated with my participation. I hereby release and forever discharge the City, its agents and employees from all real or possible claims for damages or other harm to person or property not attributable to the tortious conduct of City's agents and employees, regardless of the manner by which such claim may be brought. I consent to and authorize first aid, emergency medical care, and/or hospitalization for treatment of injuries or illness that I sustain while or as a result of participating in this activity. I understand that I am solely responsible for any and all expenses that are incurred as a result of any injury or illness incurred while or as a result of participating in this activity. I acknowledge that the activity may be canceled with or without notice to me, due to unforeseen conditions beyond the control of the City. I consent to the publication and/or use of any photographs or recordings of me by the City for promotional purposes. I understand that my approval of this agreement means that I cannot later bring a claim against the City, its agents, and/or its employees. I have read, I understand, and I will comply with this agreement and all applicable rules, policies, and laws.

Your signature below indicates your approval of this agreement and your understanding that participation in this activity is subject to these conditions.

## Player fees are non-transferable from player to player.

\*First place teams will receive individual awards. Awards are subject to change.\*

PLAYER NAME (Please Print)	PLAYER SIGNATURE	HOME ADDRESS/CITY	ZIP CODE	EMAIL	AGE	PHONE NUMBER	*SHIRT SIZE	MERIDIAN RESIDENT?
1.								Yes No
2.								Yes No
3.								Yes No
4.								Yes No
5.								Yes No
6.								Yes No
7.								Yes No
8.								Yes No
9.								Yes No
10.								Yes No
11.								Yes No
12.								Yes No

(PLEASE LIST ADDITIONAL PLAYERS ON SECOND ROSTER IF NECESSARY)

Coaches/Team Representative is responsible for turning in a completed <u>Registration form, current season roster form, team fee, and player fees</u> prior to the registration deadline. Spots are on a first-come, first-serve basis and not guaranteed until payment is received in full. Paperwork and payment must be received by the deadline and still have available sports open.

CITY OF MERIDIAN PARKS & RECREATION DEPARTMENT 33 E. BROADWAY, MERIDIAN, ID 83642 208-888-3579 FAX: 208-898-5501



Player 1	fees	are	non-tr	ansfe	erable	from	pla	yer †	to	play	/er
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Coed	Ме	n's	Women's	
Ŷ	EAR:	2024		

**TEAM NAME** 

## \_COACH/MANAGER'S NAME\_

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13.								Yes No
14.								Yes No
15.								Yes No
16.								Yes No
17.								Yes No
18.								Yes No
19.								Yes No
20.								Yes No
21.								Yes No
22.								Yes No
23.								Yes No
24.								Yes No

(PLEASE LIST ADDITIONAL PLAYERS ON SECOND ROSTER IF NECESSARY) \* First place teams will receive individual awards. Awards are subject to change.\*

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