|   | Player Registrati   | ion and Waiver   | Form   |
|---|---|--|--|
| INSTRUCTIONS: All fields a<br>Return the filled-out registrat<br>March 13th, 2024 by 5 p.m  | re required. To register for the 2024 Meridi<br>ion form with your player fees to the Meridi<br><b>A. Paperwork and payment must be reco</b><br>wo or more forms of payment types and/or  | dian Del Drake Senior Wood Bat Softba<br>dian Parks and Recreation Office by: W<br>ceived by the deadline and still have   | all League.<br>/ednesday,<br>e available   |
| Championship games play<br>Player Fees<br>Monday Night - \$8<br>*After deadline, pleas  | league games (Starts the week of April<br>roff in September/October.)<br>5 Tuesday Morning - \$65<br>se call office about space in the leagues and  | Thursday Morning - \$65<br>and pricing.*   | 5  |
| Phone:  |   |  |  |
| Home Mailing Address:   |   |  |  |
| City:   | State:  | Zip:   |  |
| Email Address:  |   |  | A  |
| Positions prefer to play (lis   | st 3 in order):   |  |  |
| Emergency Contact Name  | and Phone:  |  |  |
| Date of Birth:  | Shirt Size:<br>LargeXL  | I would like to manage<br>2XL YesN   |  |
| which are unknown. I acknowledge<br>transmission of disease, but I ackno<br>disease, including, but not limited t<br>hereby release and forever dischar<br>or property not attributable to the to<br>brought. I consent to and authorize<br>while or as a result of participating<br>result of any injury or illness incurre<br>without notice to me, due to unfore<br>governmental order, or act of God.<br>purposes. I understand that my ap<br>employees. I have read, I understan<br>Signature: | edge that my participation in the above-written a<br>that City's agents and employees will, as reaso<br>owledge that my participation in this activity incl<br>o, COVID-19. I agree to assume this and all know<br>rge the City, its agents and employees from all re-<br>portious conduct of City's agents and employees,<br>a first aid, emergency medical care, and/or hospi<br>in this activity. I understand that I am solely respi<br>ed while or as a result of participating in this acti-<br>isseen conditions beyond the control of the City, i<br>I consent to the publication and/or use of any p<br>proval of this agreement means that I cannot late<br>and, and I will comply with this agreement and all<br>agree the current registration form. Once, page | conable and feasible, follow protocols for pre-<br>cludes a risk of transmission or contraction of<br>nown and unknown risks associated with my<br>real or possible claims for damages or othe<br>s, regardless of the manner by which such c<br>bitalization for treatment of injuries or illness<br>sponsible for any and all expenses that are in<br>tivity. I acknowledge that the activity may be<br>including, but not limited to, public health has<br>photographs or recordings of me by the Cit-<br>ter bring a claim against the City, its agents<br>all applicable rules, policies, and laws. | eventing the<br>of communicable<br>y participation. I<br>er harm to person<br>laim may be<br>s that I sustain<br>incurred as a<br>e canceled with or<br>azard,<br>y for promotional<br>s, and/or its |
| complete and secure your spot<br>registration form, and player fee  | ete the current registration form. Once, pape<br>in the league. * <i>Sponsorship payments mus</i><br>es.<br>and pay over the phone with a credit card a   | st be in by the deadline with current co   | mpleted  |

recreation@meridiancity.org Walk-In - Come into our office at 33 E. Broadway Ave., Suite 206, with a completed registration form and pay in person with cash, check, or credit card.

Mail-In - Mail your completed registration form with payment to 33 E. Broadway Ave., Suite 206, Meridian, ID 83642. (Must be received by the deadline and still have available spots open.)

| Payment Method (Office Use Only) |              |                       |                     |  |
|----------------------------------|--------------|-----------------------|---------------------|--|
| Check #:                         | Cash:        | Credit Card:          | In Person or Phone: |  |
| Date paid:                       | Amount Paid: | City Receipt Number:_ | Received By:        |  |