

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



Player fees are non-transferable from player to player.

SPORT: _____
Coed _____ Men's _____ Women's _____
YEAR: 2023-2024

TEAM NAME _____ COACH/MANAGER'S NAME _____
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 acknowledge that City's agents and employees will, as reasonable and feasible, follow protocols for preventing the transmission of disease, but I acknowledge that my participation in this activity includes a risk of transmission or contraction of communicable disease, including, but not limited to, COVID-19. I agree to assume this and 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, including, but not limited to, public health hazard, governmental order, or act of God. 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 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) *First place teams will receive individual awards. Awards are subject to change.*

Coaches/Team Representative is responsible for turning in a completed Registration form, current season roster form, team fee, and player fees 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.

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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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