CHERIDIAN Playe	r Registratio	n and Waiver Fo)rm
INSTRUCTIONS: All fields are required. To Return the filled-out registration form with yo Wednesday, March 12th, 2025 by 5 p.m., received by the deadline and still have and/or multiple payees. Please call beforeha	our player fees to the Meridian Pa call after deadline to see if stil available spots open. (If payin	arks and Recreation Office by: I <mark>I space. Paperwork and payment mu</mark> g with two or more forms of payment	ist be
League Fees: (Includes 20 league games) games playoff in September/October on a Player Fees: Monday Night @ DP - \$75 Tuesda *After deadline, please call office about s	a Saturday at Discovery Park ay Morning @ Settlers - \$75	- DP #5.) Thursday Morning @ Settlers -	
First and Last Name:	2000		
Phone:	And the second s		
Home Mailing Address:			
	Chatter	7:0	
City:		Zip:	
Email Address:			1
#1 Position: PC1B2BSS	3BRFRCFCF_	LCFLFOFIF	
#2 Position: PC1B2BSS_		LCFLFOFIF	
#3 Position: PC1B2BSS	3B RF RCF CF	LCF_LF_OF_IF	
I would like to manage a team: Yes		equest:	
Emergency Contact Name and Phone:		763 300	
Date of Birth:	Shirt Size: Large	eXL2XL	
WAIVER AGREEMENT: I acknowledge that my par which are unknown. I agree to assume all known ar the City, its agents and employees from all real or p tortious conduct of City's agents and employees, re aid, emergency medical care, and/or hospitalization activity. I understand that I am solely responsible fo as a result of participating in this activity. I acknowle conditions beyond the control of the City. I consent promotional purposes. I understand that my approve and/or its employees. I have read, I understand, and Signature:	nd unknown risks associated with my possible claims for damages or other gardless of the manner by which such for treatment of injuries or illness that r any and all expenses that are incu- edge that the activity may be canceled to the publication and/or use of any al of this agreement means that I can d I will comply with this agreement a	y participation. I hereby release and forever harm to person or property not attributable ch claim may be brought. I consent to and a hat I sustain while or as a result of participat rred as a result of any injury or illness incur ed with or without notice to me, due to unfor photographs or recordings of me by the City nnot later bring a claim against the City, its	discharge to the authorize first ing in this red while or reseen y for
Ways to Register: First complete the current regist your spot in the league. *Sponsorship payments mu Phone-In - Call 208-888-3579 and pay over the recreation@meridiancity.org Online - Register and pay online via the <u>online</u> Walk-In - Come into our office at 33 E. Broadw cash, check, or credit card.	e phone with a credit card after of eregistration system.	completed registration form, and player fee emailing in the completed registration fo	es. orm to
Mail-In - Mail your completed registration form		y Ave., Suite 206, Meridian, ID 83642. ((Must be
received by the deadline and still have available	le spots open.) Payment Method (Office Use	only)	
	ayment method jointe 036	· •···y)	

____Credit Card:_____In Person or Phone:_

____City Receipt Number:_____ Received By:___

Check #:__

Date paid:

____Cash:__

_Amount Paid:___