Team Registration Form

INSTRUCTIONS: All fields are required to register for the 2024-2025 Winter Basketball 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: Wednesday, October 23, 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 Double Elimination Tournament.) Player fees are non-transferable from player to player

Team Fees - \$750 per team Meridian Resident Player Fee - \$10 Non-Resident Player Fee - \$20

Two twenty-minute halves with running clock, clock stops last 2 minutes of second half.

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Ways to Register: First complete the current registration form and current roster form. Once, paperwork is completed follow the below steps to complete and secure your team's spot in the league.

Phone-In - Call 208-888-3579 and pay over the phone with a credit card after emailing in both the completed registration form and roster form to recreation@meridiancity.org

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

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

Team Name:				
Team Manager:		Phone:		
Mailing Address:				
City:		State:	Zip:	
••••••	••••••	•••••	• • • • • • • • • • •	•••••
Teams you share pla	ayers with (If Necessary)			Spots are not guaranteed until payment is received
City League and Div	ision played Last Seaso	n:		in full.
Meridian:	Division:	Team Win/Loss Record:	_	Paperwork and payment must be received by the deadline and still have
Other:	Division:	Team Win/Loss Record:		available spots open.
Division desired this	year:			
Elite (1)	Advanced (2) Intermo	ediate (3) Recreational (4)	Social (5)	-
Please give your to	p two choices: (Times	are not guaranteed.)		
	6:00 p.m7:0	0 p.m 8:00 p.m 9:00	p.m	
Person or Phone: _		nt Method (Office Use Cash:		d:
ate naid:	Amount Paid	City Receipt Number:	Re	ceived By:

CITY OF MERIDIAN PARKS & RECREATIO 33 E. BROADWAY, M		MERIDIAN -	Player fees are SPORT: Coed	e non-transfe	erable from player to player.
	X: 208-898-5501	IDAHO		YEAR:	2024-2025
TEAM NAME		COACH/MANAGER'S NAME_			
HOME ADDRESS		CITY	ST	ATE	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 fees	are	non-transferable	from	player t	o play	/er.
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SPURI.			
Coed	Men's	Women's	
YE	EAR: 2024	4-2025	

TEAM NAME

COACH/MANAGER'S NAME

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PLAYER NAME (Please Print)	PLAYER SIGNATURE	HOME ADDRESS/CITY	ZIP CODE	EMAIL	AGE	PHONE NUMBER	*SHIRT SIZE	MERIDIAN RESIDENT?
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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