



# Team Registration Form

2024-2025 Winter Volleyball Registration Form

INSTRUCTIONS: All fields are required. To register for the 2024-2025 Winter Volleyball 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 16, 2024, by 5 p.m.** Spots are on a first-come, first-serve basis and not guaranteed until payment is received in full. If paying with two or more forms of payment types and/or multiple payees. Please call beforehand for instructions as payment processes have changed. Paperwork and payment must be received by the deadline and still have available spots open.

League Fees: (Includes 9 league games and End of Season Single Elimination Tournament, and USSSA Registration.) *Player fees are non-transferable from player to player*

Team Fees - \$315 per team      Meridian Resident Player Fee - \$10      Non-Resident Player Fee - \$20

Each match will be 3 games with a total time limit of 55 minutes.

Team Name: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Teams you share players with (If Necessary): \_\_\_\_\_

City League and Division played Last Season: \_\_\_\_\_

Meridian: \_\_\_\_\_ Division: \_\_\_\_\_ Team Win/Loss Record: \_\_\_\_\_

Other: \_\_\_\_\_ Division: \_\_\_\_\_ Team Win/Loss Record: \_\_\_\_\_

Division desired this year: (1 is the highest level, 8 is the lowest.)

Coed: C1 \_\_\_ C2 \_\_\_ C3 \_\_\_ C4 \_\_\_ C5 \_\_\_ C6 \_\_\_ C7 \_\_\_ C8 \_\_\_

Women's: W1 \_\_\_ W2 \_\_\_ W3 \_\_\_ W4 \_\_\_ W5 \_\_\_ W6 \_\_\_

**Scheduling format:** Coed teams will play Monday, Wednesday, and Friday

Women's teams will play Tuesday, Thursday, and Friday

**Please give your top two choices: (Times are not guaranteed.)**

6:00 p.m. \_\_\_ 7:00 p.m. \_\_\_ 8:00 p.m. \_\_\_ 9:00 p.m. \_\_\_



**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@meridiandcity.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 (payable to City of Meridian), 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.)

### Payment Method (Office Use Only)

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ In Person or Phone: \_\_\_\_\_

Date paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ City Receipt Number: \_\_\_\_\_ Received By: \_\_\_\_\_

Spots are not guaranteed until payment is received in full. Paperwork and payment must be received by the deadline and still have available spots 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 to player.**

SPORT: \_\_\_\_\_  
 Coed \_\_\_\_\_ Men's \_\_\_\_\_ Women's \_\_\_\_\_  
 YEAR: 2024-2025

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 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 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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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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