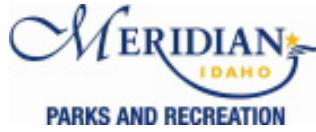


PLAYERS ADD-ON FORM

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



PLAYER FEES ARE NON-TRANSFERABLE FROM PLAYER TO PLAYER

SPORT: _____
 COED: _____ Women's _____ Men's _____
 YEAR: 2026-2027

TEAM NAME _____ COACH/MANAGER'S NAME _____ PHONE _____

HOME ADDRESS _____ 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 NAME (Print Please)	PLAYER SIGNATURE
HOME ADDRESS / CITY/ ZIP CODE	EMAIL
AGE	PHONE NUMBER
SHIRT SIZE: S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___	MERIDIAN RESIDENT? YES NO

PLAYER NAME (Print Please)	PLAYER SIGNATURE
HOME ADDRESS / CITY/ ZIP CODE	EMAIL
AGE	PHONE NUMBER
SHIRT SIZE: S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___	MERIDIAN RESIDENT? YES NO

Email your completed form to recreation@meridiancity.org. Once received, we will create or modify your account and notify you by email the account is setup for you to log into <https://secure.rec1.com/ID/meridian-id/catalog> to make payment within 24 hours. *Please note that players are not added until payment is received.*