



2026 Meridian Senior Fall Classic Wood Bat League Player Registration and Waiver Form

INSTRUCTIONS: All fields are required.

Register for the 2026 Meridian Senior Fall Classic Wood Bat Softball League by submitting your completed registration form and **\$45 player fee to the Meridian Parks and Recreation Office by Tuesday, July 14, 2026 at 5:00 p.m.** Registration must be received by the deadline and is subject to available space.

League Details: Tuesdays & Thursdays @ Settler, ~10 games (late Sept–October) and includes team hat.

How to Register: Complete the registration form. Submit form and payment: Online: Register and pay online, in Person: 33 E. Broadway Ave., Suite 206 (cash, check, card), Mail: Same address above (must arrive by deadline)

First and Last Name: _____

Phone: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

#1 Position: P ___ C ___ 1B ___ 2B ___ SS ___ 3B ___ RF ___ RCF ___ CF ___ LCF ___ LF ___ OF ___ IF ___

#2 Position: P ___ C ___ 1B ___ 2B ___ SS ___ 3B ___ RF ___ RCF ___ CF ___ LCF ___ LF ___ OF ___ IF ___

#3 Position: P ___ C ___ 1B ___ 2B ___ SS ___ 3B ___ RF ___ RCF ___ CF ___ LCF ___ LF ___ OF ___ IF ___

Emergency Contact Name and Phone: _____

Date of Birth: _____

I would like to manage a team: Yes ___ No ___

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.

Signature: _____

Payment Method (Office Use Only)

Check #: _____ Cash: _____ Credit Card: _____ In Person, Phone, Online, or Mail: _____

Date paid: _____ Amount Paid: _____ City Receipt Number: _____ Received By: _____