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Player Registration and Waiver Form

INSTRUCTIONS: All fields are required. To register for the 2026 Meridian Del Drake Senior Wood Bat Softball League. Return

Tuesday, Marc received by the	ch 10th	ı, 2026 k	oy 5 p.m	., call a	fter de	adline t	o see if s			-		nent mus	t be
League Fees: In games playoff Player Fees: Monday Night	in Sep \$75 *A	tember fter dea	on a Sa dline, ple	turday.	, and a l l office a	league t	team unif	orm shi	irt. und pricing	g.*	nber) an		ionship
Monday Designated Player List *Limited space on the Designated Player			Tuesday Designated Player List					Thursday Designated Player List					
First and Last Na	ame:												
Phone:													
Home Mailing Ac	ddress:				· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·		
City:	City:				State:					Z	<u>Z</u> ip:		
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 Conta Special Requests													
Date of Birth:						Shirt	Size: Me	dium	Large	XL_	2XL_	3XL	
I would like to ma Would you be inter				_		mes a wk	c - T/Th mo	rnings fo	r 5 weeks e	end of Se	ept-Oct):	YesN	o
WAIVER AGREEM of which are unkno discharge the City, to the tortious concauthorize first aid, a participating in this illness incurred which due to unforeseen the City for promotingents, and/or its essignature:	own. I aç its ager duct of C emerger activity ile or as conditio	gree to as nts and e City's age ncy med . I unders a result ins beyon rposes.	employee ents and e ical care, stand tha of partici and the co	known as from all employee and/or had and so pating in and that rand that r	and unkn I real or pes, regard ospitalizately respethis active this active my appro	own risks cossible of dless of the ation for the consible for vity. I ack consent oval of this	s associate claims for done manner reatment our any and a nowledge to the publics agreement	d with my amages by which finjuries all expendent the action arms the means	participation or other had such claim or illness that are ctivity may and/or use out that I cannot be retailed.	ion. I her arm to pe n may be hat I sus e incurre be canc f any pho not later	eby releaterson or properties of the second	e and fore roperty not I consent to or as a result of any iror without ror recording im against	ver attributable o and ult of njury or notice to me ngs of me by the City, its
Ways to Register: your spot in the lea		omplete t	he currer	nt registra	ation forn	n. Once,	paperwork	is comple	eted follow	the belo	w steps to	o complete	and secure
Online - Register I n-Person - Bring Mail-In - Send yo deadline and whi	g your o	completed f	ed form torm to	to our of I payme	ffice at:	33 E. Br	oadway A			-			
		_	<u> </u>	Pá	ayment	t Metho	d (Office	Use C	nly)	_	_	_	_

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

Date paid:______Amount Paid:_____City Receipt Number:_____ Received By:__