



2024 FALL ADULT SPORTS

VOLLEYBALL

Register for 6v6, Co-Rec, and Women's volleyball! The season consists of 10 matches.

Priority Registration:	6/10 - 8/5
Open Registration:	8/7 - 9/6
Days:	Tuesday - Thursday
Season Dates:	9/17 - 12/5
Fee:	\$305 (resident)/\$330 (non-resident)
Location:	Kennedy High School Activity Center

SELF-OFFICIATED VOLLEYBALL

Register for 6v6 Open (no gender restrictions) volleyball! The season consists of 10 matches, and are self officiated.

Open Registration:	6/10 - 9/6
Days:	Monday
Season Dates:	9/16 - 12/2
Fee:	\$160 (resident)/\$185 (non-resident)
Location:	Kennedy High School Activity Center

PUTTING LEAGUE

In partnership with City of Edina Parks and Recreation, Register for a partnered Putting League at Centennial Lakes Park.

Registration dates: 6/17 to 8/26. Season dates: 9/5 to 10/3. Register at: Edinamn.gov

SOFTBALL

Register for our adult softball! 5-week season, doubleheaders each week.

Priority Registration:	6/10 - 7/10
Open Registration:	7/12 - 8/9
Days:	Monday - Thursday
Season Dates:	8/26 - 9/30
Fee:	\$526 (resident)/\$551 (non-resident)
Location:	Valley View and Dred Scott

KICKBALL

Grab your friends and join us for a blast from your gym class past with our kickball league!

Priority Registration:	6/10 - 7/10
Open Registration:	7/12 - 8/12
Days:	Thursday
Season Dates:	8/22 - 9/26
Fee:	\$195 (resident)/\$220 (non-resident)
Location:	Valley View

How to Register

Online: blm.mn/adultsports
Email form: parksrec@bloomingtonmn.gov
Mail/Drop off: 1800 W. Old Shakopee Rd.
 Bloomington, MN 55431

Resident team rate

In order to be considered a resident team, 75% of the team members must reside or work in the City of Bloomington.

Don't have a team?

Are you new to the area? Having difficulty finding teammates? We may be able to help! Visit our website to register as a free agent.

Visit blm.mn/adultsports for more information

Adult Sports Registration Form

Return form via: Email parksrec@bloomingtonmn.gov | Mail/Drop-Off 1800 W. Old Shakopee Road, Bloomington, MN 55431



Team Information

Team Name: _____

Was your team in a Bloomington league last year? Yes No

Are you a new manager for this team? Yes No

If yes, who was the old manager? _____

Are you requesting a transfer to a different league/day? Yes No

If yes, to what league and night do you wish to transfer? _____

Manager Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

(Check desired leagues - rates indicate resident or non-resident rate)

Indoor Volleyball			Softball			
Officiated			Co Rec		Men's	
Tuesday (Gold)		\$305/\$330	Monday (Bronze)	\$526/\$551	Monday (Bronze)	\$526/\$551
Tuesday (Silver)		\$305/\$330	Tuesday (Silver)	\$526/\$551	Tuesday (Bronze)	\$526/\$551
Wednesday (Womens)		\$305/\$330	Wednesday (Bronze)	\$526/\$551	Wednesday (Bronze)	\$526/\$551
Thursday (Bronze)		\$305/\$330	Thursday (Bronze)	\$526/\$551	Thursday (Silver)	\$526/\$551
Thursday (Silver)		\$305/\$330				
Self Officiated						
Monday (Open)		\$160/\$185				
Kickball						
Thursday		\$195/\$220				

*No playoff tournaments for fall adult sports

Cancellation/Withdrawal Policy

Full refunds will be processed if the league your team is registered for is canceled due to lack of teams.

Prorated refunds will be processed if scheduled games are canceled and makeup dates are not available due to unavailable facilities.

Teams will receive a full refund less a \$50 service charge if it withdraws at least 3 weeks before start of play.

Refunds will not be processed if your team withdraws less than 3 weeks before start of play or if your team is removed from league due to disciplinary action.

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon Request, this information can be available in braille, large print, audio tape and/or electronic format.

Authorized Fee Amount: \$ _____

Check # _____

Cardholder Name: _____

Cardholder Signature: _____

Card Number _____ - _____ - _____ - _____

Expiration Date: ____/____

CVV _____