



2024 SUMMER ADULT SPORTS

SAND VOLLEYBALL



Register for Co-Rec, and Open sand volleyball! The season consists of 10 matches. All matches have a one-hour time limit and are self officiated.

Priority Registration:	3/1 - 4/8
Open Registration:	4/10 - 5/13
Days:	Monday (Open), Wed. & Thurs. (Co-Rec)
Season Dates:	5/20 - 8/1
Fee:	\$220 (resident)/\$245 (non-resident)
Location:	Dred Scott

TENNIS LEAGUES



Register for our adult doubles tennis leagues! We offer recreational, intermediate, and advanced options.

Open Registration:	3/1 - 5/13
Days:	Monday - Thursday
Season Dates:	6/3 - 8/29
Fee:	Women's (\$94)/Men's and Mixed (\$114)
Location:	Valley View, Dred Scott, Jefferson HS

KICKBALL



Grab your friends and join us for a blast from your gym class past with the summer Co-Rec kickball league!

Priority Registration:	3/1 - 3/25
Open Registration:	3/27 - 4/22
Days:	Tuesday & Thursday
Season Dates:	4/30 - 7/25
Fee:	\$299 (resident)/\$324 (non-resident)
Location:	Valley View

PICKLEBALL & TENNIS LADDER

The pickleball and tennis ladder leagues allow players to schedule matches on their time and location. Players must play twice a month to maintain standing.



Open Registration:	3/1 - 5/13
Days:	Players choice
Season Dates:	6/1 - 8/31
Fee:	\$23 (singles)/\$46 (doubles)
Location:	Players choice

How to Register

Online: blm.mn/adultsports
Email form: parcsrec@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 Summer 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)

Sand Volleyball		Kickball		Pickleball Ladder	
Monday (Open)	\$220/\$245/team	Tuesday	\$299/\$324/team	Singles	\$23/player
Wednesday (Co-Rec)	\$220/\$245/team	Thursday	\$299/\$324/team	Doubles	\$46/team
Thursday (Co-Rec)	\$220/\$245/team				

Tennis Leagues

Women's		Men's & Mixed	
Wednesday Advanced	\$94/team	Monday Men's Intermediate (Dred Scott)	\$114/team
Thursday Intermediate	\$94/team	Monday Men's Intermediate (Valley View)	\$114/team
Thursday Recreational	\$94/team	Tuesday Mixed	\$114/team
Singles Ladder	\$23/player	Wednesday Men's Intermediate	\$114/team

Name of Tennis/Pickleball partner: _____

Are you interested in being a substitute for Tennis? Yes No

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 _____