City of Foster City
Parks and Recreation Department
Sports Division
Registration Information

2015 Adult Fall Bocce Ball League

Foster City would like to thank you for your interest in our upcoming season. Foster City's Adult Fall Bocce Ball Season will start the week of September 14th and end the week of November 19th. The season runs 10 weeks with all teams making playoffs. We have provided all information to make registration easier for you. Registration deadline is **5:00 p.m. on Friday, September 4th.**

League Information

Season Dates:	Sept 14th, 2015 – Nov. 19th, 2015
Location:	Leo Ryan Bocce Ball Courts
Game Times:	2:00, 3:00, 4:00 (Monday Afternoon)
	5:15, 6:15, 7:15 (Wednesday Evening)
	6:30, 7:30, 8:30 (Thursday Evening)
Teams:	12 Teams Max Per Division
League Fees:	**$125 per team**
	(a team consists of min: 4 & max: 8 players)

TO APPLY: Team managers must submit the following:

1. Fall 2015 Adult Bocce Ball Team Application.
2. An official team roster.
3. League Fee (Payable to City of Foster City)
4. Team name, preferred night,

GENERAL INFORMATION

The next season will be the 2016 spring season, which will begin in March. **Always notify the Recreation Center if you change e-mail addresses so that we can keep our mailing list up to date.**

For more information, please call Foster City Parks and Recreation at 286-3380.

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2015 Adult Fall Bocce Ball Team Application

Please indicate the leagues you would consider your team to play in. Label the leagues in order according to your preference (i.e., put "1" by your first choice and "2" by your second choice etc.). Use one entry form for each team entered.

_____ **Monday Afternoon** Adult Division (403501-A)
_____ **Wednesday Evening** Adult Division (403501-B)
_____ **Thursday Evening** Adult Division (403501-C)

Team Name_____

Manager's Name_____Phone (H)_____(W)_____

Address_____City_____Zip_____

E-mail_____

Asst. Manager's Name_____Phone (H)_____(W)_____

Address_____City_____Zip_____

Did this team play in a league last year? Yes_____ No_____

I hereby request placement of the above-named team in City of Foster City 2015 Adult Bocce Ball League. I understand that all participants on this team will abide by all rules and regulations set by the City of Foster City Parks and Recreation Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize if my team has registered been expected in the league, and then drop out of the league I risk forfeiting fees pay.

I hereby certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

Manager's Signature_____Date_____

City of Foster City
Parks and Recreation Department
Sports Division

ADULT BOCCE BALL ROSTERS & WAIVERS

TEAM NAME: _____LEAGUE:_____

MANAGER'S NAME_____PHONE (H) _____ (W)_____

ADDRESS_____CITY_____ZIP_____

E-MAIL_____

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntary and of my own free will, I elect to participate as a member of the Bocce Ball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in Bocce Ball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that throwing a Bocce Ball is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of Bocce Ball is hazardous and risky, including, but not limited to, the acts of throwing, fielding and retrieving of the ball, stretching, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the courts arranged for by the team or leagues:

1. I voluntarily elect to accept and assume all risks of injury incurred of suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams of by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

2. I release, discharge and agree not to sue the team and league designated above, the field owner or other entity designated above, The City of Foster City, The World Bocce League, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or United States Bocce Association for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released.

I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.

MANAGER'S SIGNATURE_____DATE_____

READ AND COMPLETE BOTH SIDES OF THE WAIVER

CITY OF FOSTER CITY

ADULT BOCCE BALL LEAGUE ROSTER & WAIVER

	NAME	SIGNATURE	ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE	AGE
1								
2								
3								
4								
5								
6								
7								
8								

READ AND COMPLETE BOTH SIDES OF THE WAIVER