

City of Foster City  
Parks and Recreation Department  
Sports Division

## Registration Information

### 2024 Adult Fall Bocce Ball League

Foster City would like to thank you for your interest in our upcoming season. Foster City's Adult Summer Bocce Ball Season will start the week of June 3. The season runs 10 weeks with 4 teams making playoffs. We have provided all information to make registration easier for you. **Registration begins July 22nd and registration deadline is 5:00 p.m. on Wednesday, August 14th.**

#### League Information

Season Dates:	Starts week of <b>August 26</b>
Location:	Leo Ryan Bocce Ball Courts
Game Times:	12:00, 1:00, 2:00, 3:00 (Monday Afternoons) 5:15, 6:15, 7:15 (Wednesday Evening) 6:30, 7:30, 8:30 (Thursday Evening)
Teams:	10 Teams Max Per Division
League Fees:	<b>\$130 per team</b> (a team consists of min: 4 & max: 8 players)

#### TO APPLY:

Team managers must submit the following:

1. Fall 2024 Adult Bocce Ball Team Application.
2. An official team roster.
3. League Fee (Check Payable to: City of Foster City)
4. Team name, preferred night,

#### GENERAL INFORMATION

##### Upcoming 2024 Seasons

**2024 Winter Season will begin in December**

**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 286-3379.**

**City of Foster City  
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Sports Division**

**2024 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**  
\_\_\_\_\_ **Tuesday Evening**  
\_\_\_\_\_ **Thursday Evening**

Team Name \_\_\_\_\_

Captain's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Asst. Captain'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 2024 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 or 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 or 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  
Parks and Recreation Department  
Sports Division**

**CITY OF FOSTER CITY  
ADULT BOCCE BALL LEAGUE ROSTER & WAIVER**

	NAME	SIGNATURE	ADDRESS	CITY	HOME PHONE	CELL PHONE
1						
2						
3						
4						
5						
6						
7						
8						

**READ AND COMPLETE BOTH SIDES OF THE WAIVER**