



TOWN OF DANVILLE BOCCE LEAGUE TEAM REGISTRATION + ROSTER FORM

RECREATION, ARTS & COMMUNITY SERVICES



For Office Use Only

Resident Non-Resident Date/Time Received: _____

League Fees: \$ _____ + _____ (# of NR x \$10) Check # _____ Credit Card Cash

Payment Information: (For your safety, please do not email or fax credit card information)

Credit Card #: _____ Exp: ____/____ CVC: _____

Name on Card: _____ Signature: _____

REGISTRATION INFORMATION: Spring _____ Summer _____ Fall _____

Select your preferred league night (1st, 2nd, and 3rd choices, M-F):

1st Choice:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.
2nd Choice:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.
3rd Choice:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.

Team Name: _____

Has this team participated in the Adult Bocce Program before? Yes No; If yes, when? _____

MANAGER INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Contact Number: _____ Email: _____

Co-Manager (optional): _____

Manager's Agreement: I hereby request placement of the above-named team in the Town of Danville's Adult Bocce League Program for the selected season. I further agree that all participants on this team will follow and obey all items included in the Town of Danville's Bocce Rules & Regulations Handbook and all Covid-19 guidance whether it be issued from the County, State, or Federal Government. I understand and accept responsibility for my team's actions on Town of Danville property, and understand any action taken by the League Coordinator for player's misconduct. I further understand that any misconduct by any team player(s) could result in dismissal from the Adult Sports League program, and forfeiture of all fees paid. I recognize this is a recreation league and ensure the highest code of sportsmanship is maintained. I hereby certify that the information provided in this form is correct, and agree to the responsibilities as the Team Manager.

Team Manger's Signature: _____ Date: _____

**BOCCE – TOWN OF DANVILLE
OFFICIAL TEAM ROSTER AND CONTRACT**

Waiver of Liability: I, the undersigned, hereby waive, release, and discharge all claims for damages, illness, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. I agree to be responsible for following all Covid-19 guidance (County, State, and/or Federal). This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release. **Signatures are valid for one (1) full year.**

Team Name: _____

1. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
2. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
3. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
4. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
5. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
6. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
7. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
8. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
9. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
10. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone

Waiver of Liability: I, the undersigned, hereby waive, release, and discharge all claims for damages, illness, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. I agree to be responsible for following all Covid-19 guidance (County, State, and/or Federal). This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release. **Signatures are valid for one (1) full year.**

Team Name: _____

11. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
12. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
13. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
14. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
15. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
16. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
17. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
18. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
19. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone
20. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Home/Work Phone