



Kiwanis - Prison Brews Bocce Association

Team Name: _____

Team Color: _____

Preferred League Night: Monday _____ Tuesday _____

Preferred Game Time: (circle one) 6:00 7:30 9:00

(Game play night and time preferences are first-come-first-served based on payment time and date and cannot be guaranteed, register your team early)

Team Captain Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Primary phone #: _____ *E-mail Address: _____

**(Most information regarding the league will be distributed via e-mail. Captains please provide an e-mail address you check on a regular basis. Also, the Primary phone number you provide will be distributed to the other team captains in the league)*

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the rules of the host establishment (Prison Brews) while participating in this activity.

Signature: _____ Date: _____

Team Registration fee is \$150.00

Payment Method: _____ Payment Date and Time: _____

(Please make payment by check or money order to Prison Brews)

Completed Team Registration forms and payment should be dropped off at Prison Brews at 305 Ash Street, Jefferson City. Completed player information and release forms must be presented at League Orientation Night.

Email @hotmail.com for additional forms and league rules.

Team Name: _____

Member 2 Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

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Signature: _____ Date: _____

Member 3 Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

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Signature: _____ Date: _____

Team Name: _____

Member 4 Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

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Signature: _____ Date: _____

Member 5 Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

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Signature: _____ Date: _____

Team Name: _____

Member 6 Information:

Name: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell phone #: _____ E-mail Address: _____

Emergency Contact:

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Kiwanis - Prison Brews Bocce Association

Team Name: _____

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, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Jefferson City 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.

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