



NORRISTOWN BOCCE LEAGUE

TEAM REGISTRATION FORM AND GENERAL RELEASE WAIVER

(Please print clearly and provide all information)

LEAGUE: Summer Summer Senior Fall Fall Senior

DAY/EVENING: Sunday Monday Tuesday Wednesday Thursday

Total Amount Paid: _____

Team Name: _____

(If applicable, previous team name): _____

CAPTAIN

Name	
Address	
City/State/Zip	
Phone	
Email	
Signature	

Name	
Address	
City/State/Zip	
Phone	
Email	
Signature	

Name	
Address	
City/State/Zip	
Phone	
Email	
Signature	

Name	
Address	
City/State/Zip	
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Name	
Address	
City/State/Zip	
Phone	
Email	
Signature	

Name	
Address	
City/State/Zip	
Phone	
Email	
Signature	

GENERAL RELEASE WAIVER: All of the above signed hereby acknowledges that he/she is a member of the Norristown Bocce League and hereby agrees to release and hold harmless the Norristown Bocce League from any and all claims or damages that may hereafter accrue as a result of any negligence on the part of the League. The above signed do hereby release the organization, its heirs, representatives, successors and assigns from any and all claims, liabilities, demands, cross charges, expense of actions cause of actions, judgements, executions past and present, future, known and unknown, asserted or unasserted, whether or not ascertained. This release shall apply to all of the undersigned members as well as his/her heirs, successors, and/or assigns from any and all claims, actions, causes of actions, suites, dues, costs, expenses and/or demand of whatever nature that may hereafter at anytime be made or brought against the League.