



Bridgeport Bocce League
Bridgeport, PA

TEAM REGISTRATION FORM

TEAM NAME: _____

AMOUNT PAID: \$ _____

NIGHT TEAM PLAYS _____

DATE: _____

TEAM CAPTAIN

NAME	
ADDRESS	
CITY / ZIP	
PHONE HOME	
PHONE CELL	
E-MAIL	

NAME		NAME	
ADDRESS		ADDRESS	
CITY / ZIP		CITY / ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
E-MAIL		E-MAIL	

NAME		NAME	
ADDRESS		ADDRESS	
CITY / ZIP		CITY / ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
E-MAIL		E-MAIL	

NAME		NAME	
ADDRESS		ADDRESS	
CITY / ZIP		CITY / ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
E-MAIL		E-MAIL	

General Release

All of the undersigned hereby acknowledges that he/she is a member of the Bridgeport Bocce League. The undersigned hereby agrees to release and hold harmless the Bridgeport Bocce League, Bridgeport Community Fund, the Bridgeport Park and Recreation and the Borough of Bridgeport from any and all claims or damages that may hereafter accrue as a result of any negligence on the part of the League. The undersigned do hereby release the organization, its heirs, representatives, successors and assigns from any and all claims, liability, demands, cross charges, expense of actions, cause of actions, judgments, executions past and present, future, known and unknown, asserted or unasserted, whether or not ascertained. This release shall apply to 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 any time be made or brought against the league.

BBL Member (Please Print)	Phone Number	Signature of BBL Member
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