

San Carlos Parks and  
Recreation

# Spring Bocce League



**Tuesday, Wednesday,  
& Thursday options  
\*no games 6/19**

**Returning teams have  
priority registration  
Registration deadline  
is March 10th**

**League Fees:  
\$160 per team  
8 games guaranteed  
Game Times: 6:00 P.M.,  
6:50 P.M., and 7:40  
P.M. (if needed)  
Begins the week of  
March 24th**

**Register at: [www.quickscores.com/cityofsancarlos](http://www.quickscores.com/cityofsancarlos)  
or email [athletics@cityofsancarlos.org](mailto:athletics@cityofsancarlos.org) for more information.**

**CITY OF SAN CARLOS PARKS & RECREATION  
DEPARTMENT ADULT BOCCE  
TEAM REGISTRATION FORM**

<p>_____ Tuesday _____ Wednesday _____ Thursday</p>	<p><b>Please list the days you prefer from 1 (most preferred) to 3 (least preferred).</b></p>
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**Team Name:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Manager's Email:** \_\_\_\_\_

**Asst. Mgr./(Other Contact):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Asst. Mgr. Email: Sponsor** \_\_\_\_\_

**(if any):** \_\_\_\_\_

**Returning Team?** \_\_\_\_\_

**New Team?** \_\_\_\_\_

**Fees:** Please submit one check written out to the City of San Carlos, exact amount of cash, or Visa/MasterCard

\_\_\_\_\_ **\$160**

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**Amount Paid by:** Cash \_\_\_\_\_ **Check #** \_\_\_\_\_

**VISA/MC #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Payee's Name** \_\_\_\_\_

**Notes:**

## San Carlos Parks & Recreation Adult Bocce Ball

I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of a third-party application (e.g. Zoom, Google Meet, etc.) at their own risk. Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

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

Manger's Name: \_\_\_\_\_

League: \_\_\_\_\_

Year & Season: \_\_\_\_\_

	Name	Email	Phone Number	City of Residence	Signature
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