



2025 RAVE Bocce Information & Registration

Medical form

It is the responsibility of the athlete's parent or caregiver to check and see if the athlete's paperwork is current. Athletes with expired paperwork cannot participate at practices or competitions. Contact Lisa Wilson (ravemedform@gmail.com) if you need help checking the status of the athlete's medical form or with any questions about the form.

Practice Information

Practices are Wednesday nights, 6:30 – 7:30 pm at Cedar School, 2140 Diffley Rd., **Eagan**, MN 55122, starting **June 11, 2025**, and going through August 13. There is a parent/caregiver meeting at the first practice.

Competition is offered for Singles, Doubles, and Unified Doubles.

Competitions

- **Regional Competition (East Metro):** Sunday, July 27, 2025. West St. Paul Sports Center, 1655 Livingston Ave., West St. Paul, MN 55118.
- **State Competition:** Sat. and Sun., Aug. 16-17, 2024. M Health Fairview Sports Center, 4125 Radio Dr. Woodbury

Important: To compete in the State Competition, athletes must compete in a Regional Competition.

Registration: The registration fee is \$35 per athlete, payable by cash or a check payable to The RAVE. Please mail the registration form and payment to The RAVE, P.O. Box 122, Rosemount, MN 55068-9906. If you have not mailed your forms by May 31, 2025, please email ravehod@gmail.com to let us know the athlete will be participating and bring your registration form and fee to the first practice.

REGISTRATION FORM

Please return this portion of the form with payment.

Athlete Name: _____ Athlete date of birth: _____

Experience with bocce ball: ☐ First timer ☐ Some previous experience ☐ Playing for a while

Practice help from parent/caregiver: ☐ I am willing to bring one bocce pipes bag and one bocce ball bag to each practice

Please complete the next section if the athlete is new or if contact information related to the athlete has changed:

Primary contact name: _____ Primary contact email: _____

Primary contact phone: _____ Primary address: _____

Parent/Guardian/Staff/Group Home/Emergency Contact Information: _____

- ☐ I acknowledge that RAVE prefers a responsible person to be present during bocce practice.
- ☐ I acknowledge that it is my responsibility to make sure the athlete's state paperwork is current before the first practice.
- ☐ I acknowledge that to compete at the state meet in August, the athlete must have competed at the regional meet.

Please note any essential information that you would like to share about the athlete – allergies, behavioral issues, health concerns. (This does not replace the SOMN form.)

CO-head coaches: Barry Anderson and Paul Gangl, ravehod@gmail.com