



ROSTER/WAIVER FORM

Team Name, Season & Division

Captain's Name _____

Cell Phone _____

e-mail _____

**Downingtown Area Recreation Consortium
Roster/Waiver Form**

DOWNINGTOWN AREA RECREATION CONSORTIUM

All players must read & sign:

I, the registrant, agree that I will abide by the rules of the DARC program. Recognizing the possibility of physical injury associated with the activity and in consideration for DARC accepting the registrant for its activity, I hereby release, discharge and/or indemnify and agree to hold harmless the Downingtown Area Recreation Consortium, Downingtown Borough, East Brandywine Township, East Caln Township, Upper Uwchlan Township, Uwchlan Township, West Bradford Township, West Pikeland Township and the Downingtown Area School District, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program. I acknowledge the fact that DARC does not carry accident and health insurance and assures DARC the registrants are protected by medical insurance.

Co-ed Teams please circle the names of your females (minimum 4 required). Teams need a minimum of 10 players with a 24 player maximum.

Name (please print)	Address (street, town, zip)	Signature	Cell Phone & e-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

All players must complete and sign the roster/waiver form prior to participating.

Complete information is required.