



**DOWNINGTOWN AREA RECREATION CONSORTIUM
ROSTER/WAIVER FORM**

Team Name _____

Captain's Name _____

Home Phone _____

Work Phone _____

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

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, Wallace 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.

Name (please print)	Address (street, town, zip)	Signature	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

**All players must complete and sign the roster/waiver form prior to participating.
Complete information is required.**