

DPR Team Registration Form

Team Information	
Team Name:	Returning Team? YES NO
Team Skill Level Beginner Intermediate Advanced	League Men's Women's Co-Rec

Captain Information	
Captain 1	Captain 2
Name (first & last)	Name (first & last)
Phone	Phone
Email	Email

All players listed on the roster acknowledge the following by clicking "yes," below:

- I agree to play with the above named team during the playing season as listed above or until given a written release by the team manager and this release is recorded in the office of the City of Durham Parks and Recreation Department.
- I have read and am aware of all rules governing the organization, administration, and play for this league and promise to carefully observe and abide by these rules and regulations of the City of Durham Parks and Recreation Department (including the Rules of Conduct) and the league to which the above named team is a member.
- All property held by me and belonging to the City of Durham Parks and Recreation Department or the above named team will be returned upon the conclusion of the program or by request.
- My signature hereby constitutes my knowledge that a risk of accidental injury may result from participation in this Recreation Activity and it is advisable that all participants secure their own medical insurance. Enrollment in this recreational activity includes insurance coverage provided by the City of Durham in the amount of \$100,000.00 for medical and dental expenses; \$500,000.00 for accidental death, dismemberment, Loss of Sight, Speech and Hearing, or Paralysis. This insurance will pay after all other valid and collectable insurance (ie., it applies on an excess basis).
- All information provided by me is true and correct.

TEAM ROSTER

Name (First & Last)	Email	Phone	Gender M F
Address	City	State NC	Zip DOB (0/00/00) Agree to waiver? YES NO
Name (First & Last)	Email	Phone	Gender M F
Address	City	State NC	Zip DOB (0/00/00) Agree to waiver? YES NO

Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	
Name (First & Last)		Email		Phone		Gender M F	
Address		City	State NC	Zip	DOB (0/00/00)	Agree to waiver? YES NO	

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