



**This Individual Membership Form and Waiver of Liability must be completed IN FULL by each person seeking to participate in activities of the New Haven Dart League, including but not limited to, weekly match play, tournaments, banquets, meetings, and any activities in connection therewith. DOCUMENTS SUBMITTED WITH A NAME ONLY WILL NOT BE ACCEPTED - ALL CONTACT INFORMATION REQUESTED MUST BE PROVIDED. This Membership Form and Waiver of Liability will be kept on file and will remain in effect until specifically cancelled, either by action of the NHDL Board of Officers, or by written request of the Member to the NHDL at the address listed below. No person shall play on any NHDL team, or participate in any activities of the NHDL, without first completing and signing this document. Blank copies of this document will be provided to all team Captains prior to every NHDL Session. It is a team Captain's responsibility to insure that this document is completed and signed PRIOR TO A PLAYER'S FIRST MATCH - the completed document must be received by the NHDL at the address listed below within 5 days of a player's first match. If this completed and signed document is not received within 5 days of a player's first match, that player will be declared ineligible and the team will forfeit any points scored by that player.**  
***THERE ARE NO EXCEPTIONS TO THIS RULE!***

**Mail to: NHDL, 10 Kirkham Avenue, East Haven, CT 06512**

## Individual Membership Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NHDL Team/Bar You Wish to Play For: \_\_\_\_\_

## Waiver of Liability

**In consideration of my being accepted as a Member of the New Haven Dart League, a nonprofit organization operating under the laws of the State of Connecticut, I hereby consent and agree to assume any and all risk for bodily injury to myself and property damage to any of my property, or damages for any other cause which might occur by virtue of my participation in the various activities of the New Haven Dart League, including but not limited to, weekly match play, tournaments, banquets, meetings, and any activities in connection therewith. I hereby waive any and all claims, demands, and causes of action whatsoever I might hereafter have against the New Haven Dart League, its officers, directors, board members, employees, committees, and anyone acting on behalf of the New Haven Dart League with its consent. With this application for membership to the New Haven Dart League, I hereby consent and agree to adhere to all rules, regulations, by-laws, governing documents and other policies of the New Haven Dart League, and acknowledge and accept my responsibility to familiarize myself with these rules, regulations, by-laws, governing documents and other policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LEAGUE USE ONLY—DO NOT WRITE IN THIS AREA**

Date Received/Approved for Membership: \_\_\_\_\_  NEW MEMBER  INFORMATION UPDATE