



**NEWPORT RECREATION DEPARTMENT**

Date: \_\_\_\_\_ **Archery 2011**

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Male \_\_\_\_\_ Female \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Any special medical info: \_\_\_\_\_

Email address \_\_\_\_\_

**Medical Release Form**

I give my permission for my child, \_\_\_\_\_ to participate in the NEWPORT **Archery 2011** activity and hereby authorize the Newport Recreation Department staff, to arrange medical or surgical care for my child in any emergency which may occur during an N.R.D. sponsored program if I am unable to be reached by telephone, etc.

**RESPONSIBILITY:** Neither the Newport Recreation any master, any coach, nor can anyone else assume responsibility for possible accidents. The Newport Recreation does **NOT** carry accident or medical insurance for the participants in any of their recreation programs. Parents are responsible for transportation to and from NRD sports.

**ATTENTION!!!** By signing this form I also give permission for my child to be filmed/photographed for possible broadcast on NCTV or other programs.

Signature of parent/guardian \_\_\_\_\_

Print parents names \_\_\_\_\_ / \_\_\_\_\_

	Father	Mother
<b>Grades</b>	<b>Newport resident</b>	
First Family member	\$60.00	
Each addition immediate family	\$55.00	
Family Discount		