



NEWPORT RECREATION DEPARTMENT

Date: _____ Archery, March 8,15,22,29

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** 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

Ages 7 thru Adult

Fees:

\$60.00 1st Family Member

\$55.00 2nd Family Member