



NEWPORT RECREATION DEPARTMENT

Date: _____ BASKETBALL

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 **YOUTH BASKETBALL** 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: _____
FEES: 1st & 2nd Grade 3rd & 4th Grade 5th - 8th Grade

\$15.00 Newport Resident	\$20.00 Newport Resident	\$25.00 Newport Resident
\$20.00 Non resident	\$25.00 Non resident	\$30.00 Non resident

Volunteers needed! Please circle if you're interested in.....

COACHING	ASSISTANT COACH	OTHER time clock, score, etc
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