



**NEWPORT RECREATION DEPARTMENT**

**SOCCER 2010**

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

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 **Soccer** 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

Grades	Newport resident	Non-resident
4-8	\$20.00	\$30.00
5-8	\$25.00	\$35.00

I'd like to volunteer as a:      Coach      Asst Coach      Other