



**NEWPORT RECREATION DEPARTMENT
Swimming Registration Form 2009**

Child's Name _____ Date _____

Address _____

Date of birth _____ Age _____ Female _____ Male _____

Mother's Name _____ Home# _____ Work# _____

Father's Name _____ Home# _____ Work# _____

Emer contact _____ Home# _____ Work# _____

EMAIL ADDRESS _____

Does your child have any medical situations that we should be aware of (allergies, etc.)? If so, explain: _____

At what level of lessons do you believe your child to be at?
_____ Very Beginner _____ Beginner _____ Intermediate _____ Expert

(2) 3 week sessions available Registering for:

_____ Session 1 July 6 - 23 **Time** _____

_____ Session 2 July 27 - Aug 13 _____

I/we assume all risks and hazards incidental to the conduct of the program. I/we do further hereby release, absolve, indemnity and hold harmless the Newport Recreation Day Camp, the Recreation Department, The Town of Newport and its officers and Hilltop Motel. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by the Newport Recreation to attend to my child. I expect notification before hospitalization.

Parent/Guardian signature _____ Date _____

Registration fees: Resident \$30.00, \$20.00 2nd family member, etc.
Non-resident \$45.00, \$35.00 2nd family member, etc.

Thanks to the generosity of Hilltop Motel, swimming lessons are held at:
Hilltop Motel, Rt 11 & 103, Newport, NH 03773

Fee \$ _____ Paid _____ Check _____ Cash _____