



Date: _____

Activity: **LINE DANCING**

Participant Name	Date of Birth	Grade
Address	Home Phone	
Mom Name	Mom Cell & Cell carrier	
Dad Name	Dad Cell & cell carrier	
Emergency Contact	E-Mail	

Medical Release Form

I give my permission for my child, _____ to participate in the **LINE DANCING** activities and hereby authorize the Newport Recreation Department staff, to arrange medical or surgical care for my child in any emergency which may occur during and Newport Recreation sponsored program if I am unable to be reached by telephone, etc.

RESPONSIBILITY: Neither the Newport Recreation any masters, any coach, nor can anyone else assume responsibility for possible accidents while your child is participating in a Newport Recreation program. 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 Newport Recreation sports. IF the Newport Recreation van is used to transport players, The Town of Newport and the Newport Recreation is not responsible for any accidents.

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

Parent Signature	Date
10 WEDNESDAYS \$25.00 OR \$5.00 per class	Paid
	Receipt#

****Starts on Wednesday, March 6, 2019-May 8, 2019**