



SpringTrack2017 (grades 6-8)

Participant: _____ Male _____ Female _____

Address: _____ **Cell#** _____

Home# _____ **Age** _____ **DOB** _____ **Grade** _____

Contact Info

Name	Home#	Cell#	Work#
Mom			
Dad			
Emer			

Any special medical info: _____

Email address _____

Medical Release Form

WAIVER OF PARTICIPATION I/we assume all risks and hazards incidental to be conducted to the program. I/we do further hereby release, absolve indemnity and hold harmless Newport Recreation Fall Sport, The Newport Recreation Department, The Town of Newport and its Officers. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by the Newport Recreation staff to attend to my child. I expect notification before hospitalization. Assumption or Risk I, expressly and specially assume any and all risk of injury, illness, death or property damage resulting from Newport Rec activities. You assume the risks: I understand that Newport Rec activities are strenuous and dangerous and should be engaged in only persons in good health. I understand that I should consult a physician before enrolling myself in this program. Once you sign, you are saying that you understand the risks involved and accept all the risks.

Medical Release I further hereby release the Newport Recreation Department from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at the Newport Recreation Department. A) I take full responsibility for my welfare

Parent/Guardian Signature _____ Date _____

Parent Name	Date
Parent Signature	Date
Cost Resident \$35.00 Non-Resident \$45.00	Paid
Starts Monday, March 27 ~ Mon/Wed/Fri @ 3pm-4:30pm	@ Newport Track