



300 MILE (indoor) CHALLENGE

Participant: _____ Cell# _____

Male Female Age DOB Grade

Address: _____

Mom name _____ cell# _____ work# _____

Dad name _____ cell# _____ work# _____

Emergency Contact _____ WORK# _____ CELL# _____

Special information: _____

Email address _____

Medical Release Form

I give my permission for my child, _____ to participate in the Newport 300 Mile Challenge 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 Pother programs or newspapers.

Parent/Guardian Signature _____ Date _____

Printed Name	Date
Parent signature (if under 18)	
Printed Signature	Date
Fee: \$25.00 per person	DUE