FALL SPORTS 2022

Please select activity below:

Activity	SOCCER	Flag Football	Field Hockey	Cross Country
Grade	Gd K-5	Gd 1-3	Gd 3-5 Gd 6-8	Gd 6-8

SHIRT SIZE (*please circle one)* YS YM YL AS AM AL AXL

PLAYER: _____ 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 Recreation Fall Sport 2021 (soccer, flag football, field hockey, cross country) 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/Guardian Signature _____ Date _____

Mom & Dad Name	Date
Parent Signature	Date
$25.00 resident / $35.00 non-resident ($100.00 TEAM SPONSOR, includes 1 free registration)	Paid
Interested in.. Refereeing? Coaching?	