

Newport Youth Football SEASON Registration

Grade 3-6

Player Information Card

Athlete's Name: _____

Grade (Fall): _____

DOB: _____

Height: _____

Weight: _____

Emergency Contacts

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Additional Contact: _____

Relationship to Athlete: _____

Address: _____

Cell Phone: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Name and Number: _____

MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone: _____

Does your child have any allergies to drugs? YES NO If so explain: _____

Does your child have any of the following?

ASTHMA YES NO

DIABETES YES NO

EPILEPSY YES NO

Is your child currently taking any medication? YES NO

If so, what? _____

If there is any additional information that we should know about your child's health or physical condition please provide it in the space below. _____

Parent or Guardian Signature: _____

Registration Fee: \$85 per child or \$75 per child if signing up more than one child per family

Additional Child Discount Sibling Name: _____

Total Due: _____ Paid - Cash: _____ Check: _____ Card: _____

Jersey Size - Youth Size S M L Adult Size S M L XL XXL

Please turn over to complete →

Newport Youth Football

Consent to Participate
Acknowledgement of Risk
Medical Emergency Form

I/We acknowledge awareness that participation in the sport of tackle football involves the risk of injury. I/We accept these risks in giving consent to participation on the Newport Youth Football League during the football season.

I/We do further release, absolve, indemnify and hold harmless the towns in which we play and practice, the organizers, supervisors, sponsors and coaches of the Newport Youth Football League.

Herby consent to participate by (Childs Name) _____

In the above name supervised athletic activity, I also agree to accept any financial expense resulting from the injury suffered in the course of such participation and relieve the Newport youth football league of any such responsibility.

My son's/daughters physician is _____ if this physician cannot be reached I agree to allow the Newport Youth Football League to obtain qualified medical assistance in case of sudden illness or injury.

By reason of my son/daughter being a participant of tackle football I as the parent/guardian of _____, authorize any and all medical treatment by a physician or surgeon attached to the staff of an accredited hospital, if such treatment is deemed necessary. I understand that the Newport Youth Football League will attempt to contact me at home/work.

Neither the Newport Youth Football League any master, any coach, nor can anyone else assume responsibility for possible accidents. The Newport Youth Football League does NOT carry accident or medical insurance for the participants in any of their programs. Parents/Guardians are responsible for transportation to and from Newport Youth Football League activities.

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

Signature of Parent/Guardian: _____

Print Parent Names: _____