



GENERAL REGISTRATION

Parents/Guardians Name	DOB	CELL	EMAIL
Children			

Address: _____

Emergency Contact _____ WORK# _____ CELL# _____

PROGRAM: _____
 Any SPECIAL information we should be aware of? _____

Medical Release Form

I permit myself and my child/children to participate in the Newport Recreation activities. I **do not** hold the Town of Newport and/or the Newport Recreation Department responsible for any accident that may occur during a Newport Recreation Department program. The Town of Newport/Newport Recreation Department does NOT carry accident or medical insurance for the participants in Newport 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 are not responsible for any accidents. The Newport Recreation Department staff has my permission to arrange medical care for my child; if I cannot be reached in an emergency.

RESPONSIBILITY: Neither the Newport Recreation any masters, any coach, nor can anyone else assume responsibility for possible accidents while your child participates in a Newport Recreation program.

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

PARENT PRINTED NAME _____

Parent/Guardian Signature _____ Date _____