



Registration/Waiver Form

Participant Name _____ **DOB** _____

Address _____ **Cell** _____

Email _____ @ _____

Emergency Contact _____ **Phone** _____

OTHER HOUSEHOLD MEMBERS

Name	DOB

Program Interest

Any SPECIAL information we should be aware of?

Medical Release Form I permit myself and/or 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 accidents that may occur during a Newport Recreation Department program. The Town of Newport/Newport Recreation Department does NOT carry accident or medical insurance for 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 Department are not liable 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 Department, any master's, any coach, nor anyone else can assume responsibility for potential accidents while your child participates in a Newport Recreation program. ATTENTION: By signing this form, I permit my child to be filmed/photographed for possible broadcasts on NCTV or other programs or newspapers.

PRINTED NAME _____

Signature _____ **Date** _____