



AM Exercise Class

Activity	Am Exercise	\$2.00 per class
		\$15 month/\$20 non-res

Participant: _____ **Phone#** _____

Male _____ **Female** _____ **DOB** _____

Address: _____

Email address _____

Emergency Contact _____ **WORK#** _____ **CELL#** _____

Special information: _____

Medical Release Form

I give my permission for myself, _____ to participate in the Newport Recreation activities and hereby authorize the Newport Recreation Department staff, to arrange medical or surgical care for myself in any emergency which may occur during and Newport Recreation sponsored program if I am unable to, or my emergency contact is unable be reached by telephone, etc.

RESPONSIBILITY: Neither the Newport Recreation any masters, any coach, nor can anyone else assume responsibility for possible accidents while you are 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 to be filmed/photographed for possible broadcast on NCTV or other programs or newspapers.

Parent/Guardian Signature _____ **Date** _____

Printed Name	Date
Signature	Date