



NEWPORT RECREATION DEPARTMENT

Date: _____ Activity: _____

Name: _____ Age _____ D.O.B. _____

Address: _____

Male _____ Female _____ School _____ Grade _____

Father _____ Home # _____ Work# _____ Cell# _____

Mother _____ Home# _____ Work# _____ Cell# _____

Emergency Contact _____ Home# _____ Work# _____ Cell# _____

Any special medical info: _____

Email address _____

Medical Release Form

I give my permission for my child, _____ to participate in the NEWPORT REC activity and hereby authorize the Newport Recreation Department staff, to arrange medical or surgical care for my child in any emergency which may occur during an N.R.D. sponsored program if I am unable to be reached by telephone, etc.

RESPONSIBILITY: Neither the Newport Recreation any master, any coach, nor can anyone else assume responsibility for possible accidents. The 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 NRD sports.

ATTENTION!!! 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 parents names _____ / _____
Father Mother

Administrative fee : \$ _____ .00 resident ~ \$ _____ .00 non-resident