



WINTER SPORT 2024/2025

WRESTLING (grade 1-8)	BASKETBALL (grade 3-6)

PLAYER: _____ Cell# _____

Male Female Age DOB Grade

Address: _____

Mom's name _____ cell# _____ work# _____

Dad's name _____ cell# _____ work# _____

Emergency Contact _____ WORK# _____ CELL# _____

Special information: _____

Email address _____

SHIRT SIZE; *(please circle one)* YS YM YL AS AM AL AXL

Medical Release Form

I give my permission for my child, _____ to participate in the Newport Recreation WINTER SPORT 2024/2025, BASKETBALL/WRESTLING activities. I hereby authorize the Newport Recreation Department staff, to arrange medical or surgical care for my child in any emergency that may occur during and Newport Recreation-sponsored program if I am unable to be reached by telephone, etc.

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. Newport Recreation does NOT carry accident or medical insurance for the participants in 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 permit my child to be filmed/photographed for possible broadcast on NCTV or other programs or newspapers.

Parent/Guardian Signature _____ Date _____

Mom & Dad Name	Date
Parent Signature	Date
FEES: \$40.00 RESIDENT / \$50.00 NON-RESIDENT	DUE
Interested in.. Refereeing? Coaching?	