**** Please Like Newport Rec Department on Facebook****

Newport Recreation Department
Sport Registration Form

_____
(Please IdentifySport)

Name:_____ Date of Birth:_____
Address:_____ Gender:_____Grade_____
City/State/Zip:_____
Home Phone:_____
Childs Shirt Size:_____

Parent #1 Contact Information
Name:_____
Phone:_____
Email:_____

Parent #2 Contact Information
Name:_____
Phone:_____
Email:_____

Medical Information
Emergency Contact:_____
Phone:_____
Relationship to Player:_____
Insurance Carrier:_____ Phone:_____
Allergies:_____

Date of last Tetanus Booster:_____
We Do Not Keep On File

I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is playing, walking, or being transported to games or other activities. I also hold harmless the Newport Recreation Center/Town of Newport, its directors, organizers, coaches, sponsors, managers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities.

Signature(s):_____Date:_____
Authorized Parent/Guardian Signature

***Please be sure to update us on any Contact Information or Medical Information if changes may occur later on**