

# Newport Recreation Department Sports Registration Form

\_\_\_\_\_

(please identify sport)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child's 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: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

(We Do Not Keep This on File)

I parent/guardian hereby waive any or all rights, claims for damages 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 changes.**

**\*Please be advised that activities are public events and your child's photo may be published at anytime without notice.**

## Newport Recreation Department Medical Release

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

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Name	Phone	Relationship to player
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Name	Phone	Relationship to player
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**Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder)**

<u>Medical Diagnosis</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The purpose of the above listed information is to ensure that medication personnel have details of any medical problem which may interfere with or alter treatment. **The Town of Newport requires a medical release form for each sport your child is involved in.**

I parent/guardian hereby waive any or all rights, claims for damages 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.

Mr. /Mrs./Ms. \_\_\_\_\_ Date: \_\_\_\_\_

(Authorized Parent/Guardian Signature)

**\*Please be sure to update us on any contact information or medical information changes.**