# Newport Recreation Department Sports Registration Form

Circle sport: soccer field hockey basketball cheering baseball softball
other: _____

Name: _____ Gr: _____ Age: _____ DOB: _____

Gender: _____ Address: _____

Contact #1:

Name: _____ Phone: _____

Email: _____

Contact #2:

Name: _____ Phone: _____

Email: _____

Contact #3:

Name: _____ Phone: _____

Email: _____

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 Department/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.**

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

***Please note that there is a $20.00 fee for all non Newport residents.**