

ADULT ACTIVITIES REGISTRATION FORM

NAME OF PROGRAM _____ COST: _____

PARTICIPANT NAME _____

MAILING ADDRESS _____ CITY _____

EMAIL ADDRESS _____

PHONE _____ ALLERGIES OR MEDICAL CONDITIONS _____

EMERGENCY CONTACT **NAME AND PHONE NUMBER** _____

My signature below indicates that I am a willing participant in the above named program sponsored by the City of Newport Recreation Department. I understand that the City of Newport, Newport Recreation Department, or any of its staff and volunteers cannot be held liable in the event of injury or mishap.

Signature of participant

Date

Please make checks payable to: City of Newport
Return this form with payment to: Newport Recreation Department
35 Golden Hill St.
Newport, RI 02840

Fax: 846-3627

NO REFUNDS ONCE PROGRAM BEGINS

Subtotal: _____

Scholarship Fund Donation: _____

____ Visa	____ Mastercard	Exp. Date _____
Card# _____		
I authorize Newport Recreation Department to charge the above named card in the amount of _____.		
_____ Signature of card holder		_____ Date