REGISTRATION FORM

Participants Name (First and Last)	Age	D.O.B.	Sex	Grade	School	Name of Program	Division or Session	Fee

Please make checks payable to: City of Newport

NO REFUNDS ONCE PROGRAM BEGINS

Subtotal:_____

Return this form with payment to: Newport Recreation Department
35 Golden Hill St.
Newport, RI 02840

Scholarship Fund Donation: _____

TOTAL:_____

Parent or Guardian_____Relationship to Child_____Home Phone_____Cell_____

Home address_____City_____Mailing address (if different)_____

Emergency Contact name and number_____Relationship to child_____

Allergies, medical conditions or other info that would assist us in the event of an emergency_____

Email address_____How would you like us to contact you in the event of program changes/cancellations?_____

I give my permission for the above named child(ren) to participate in the above activity(ies) with the 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 parent/guardian Date

_____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