

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

Subtotal: _____
 Scholarship Fund Donation: _____
 TOTAL: _____

NO REFUNDS ONCE PROGRAM BEGINS

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 _____