



Newport Parks and Recreation Youth Basketball

Player Information		
Name:		
Date of birth:	Home Phone	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Gender	School:	League Age:
Email:	Shirt Size	
Parent / Guardian Information		
Parent #1 Name:	Parent #2 Name	
Address:	Address	
City/State/Zip	City/State/Zip	
Telephone:	Telephone:	
Occupation:	Occupation	
Email Address:	Email Address:	
Emergency Medical Contact Information		
Name :		
Relationship to Player:		
Telephone :		
Insurance Carrier	Policy:	
Allergies/Information:		

1. I/We, the parents/guardians of the above-named candidate for a position on a Recreation basketball team, hereby give my/our approval to participate in any and all activities, including transportation to and from the activities.
2. I/We know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Newport, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent / Guardian Signature _____

Date _____

The Fee for the 2018 year is \$40.00.

Please make all checks payable to the City of Newport.

League Use:

- Birth Certificate
- Code of Conduct
- Concussion
- Paid