Youth Sports Program Registration

Please complete and return to the Newport Recreation Center. Fees are due at the time of registration. No registrations will be accepted without payment.



225 SE Avery St. Newport, OR 97365 (541) 265-7783

Adult/Guardian Name		
Home Address		
City	State	Zip
Home Phone	Cell_	
Work	Email	
Would You Be Interested	in Coaching?	\square Yes \square No

Participants Name			Date of Birth		
Sport		Grade in School_		Gender	
Circle Shirt S	Size:	☐ Youth Medium	☐ Youth Large	;	
	☐ Adult Small	☐ Adult Medium	☐ Adult Large	☐ Adult X-Large	
Please list any medica	al problems or allergies:	:			
*F	Please also inform the co	oach of these problem	s prior to the first	t practice	
Emergency C	Contact				
Relationship					
Home Phone	<u>, </u>	_Cell	Work		

<u>PLEASE READ AND INITIAL</u>: Please respect officials, coaches, and other participants. Any player or parent displaying unsportsmanlike behavior may be removed from the game, and/or the premises, at the official's discretion.

For the safety of yourself and other patrons please follow these dress codes for the sport you are participating in. Please refrain from wearing any jewelry, watches, jeans or other attire with metal that could injure another participant.

Please respect officials, coaches, and other participants. Any player or spectator displaying unsportsmanlike behavior may be removed from the game, and/or the premises, at the official's discretion.

By enrolling in this program I also allow the city of Newport to use my name and photograph in activity related materials, publications and web pages. I also allow my contact information to be shared with coaches and consent to them contacting me on matters related to the activity I am enrolled in.

I consent to allow my coach or other trained adult to provide basic first aid in the event of injury, and to tape or bandage joints as appropriate for the sport I will be participating in.

By initialing this you are indicating that you have read and understand these guidelines._____

The Newport Parks and Recreation Department does not discriminate against any individual on the basis of that individual's age, race, sex, creed, color, national origin, or handicap.

Liability Release

In consideration of the City of Newport, and City of Newport Urban Renewal District making available to me the ability to participate in a youth sports program, I waive, release and hold harmless the City of Newport, its officials and employees, the City of Newport Urban Renewal Agency and its officials and employees, from and against any and all liability arising out of or in connection with my use of the City's facilities, classes, programs and /or equipment.

I understand that the City of Newport does not provide medical insurance for any person participating in any City class or program or using the City's facilities and equipment, and that unless I have maintained my own medical insurance which covers my activities, I will not be covered by any medical insurance.

I also understand that although the Recreation Center staff may provide general orientation as to the use of the Recreation Center facilities and equipment, the use of same remains at my sole risk that I expressly assume.

By my signature, I declare and represent that I have had an adequate opportunity to examine the facilities and equipment to be used in the program and to make inquiry of staff concerning appropriate use of same. I also understand that City's Parks and Recreation Department staff conducts no medical examination or inquiry concerning my physical or mental condition at that it is solely up to me, in consultation with my physician or other advisor, as to whether or not to participate in the program or in any game, practice or training session.

Upon this understanding and in consideration of the City of Newport making participation in the youth sport program and facilities and equipment available to me, I hereby waive, release and hold harmless the City of Newport, its officers, agents, and employees, from and against any and all liability arising out of connection with my participation in the youth sports program.

Participant Signature	Printed Name	Date
Parent/ Guardian Signature (pa	articipants under 18)	 Date