City of Newark Department of Parks and Recreation
Activity Registration Form

Please print and fill out completely.

RESPONSIBLE ADULT

Must reside within the corporate limits of Newark.

First Name | M.I. | Last Name | Resident* | Non-resident

Mailing Address | Birthdate

City | State | Zip Code

Home Phone | Work Phone | Cell Phone

Email Address

Please check if you would like to have receipt and information emailed to you.

PARTICIPANT INFORMATION

First Name | M.I. | Last Name | Sex | Birthdate | Age

Activity Number | Activity Name | Total Fee

First Name | M.I. | Last Name | Sex | Birthdate | Age

Activity Number | Activity Name | Total Fee

HEALTH INFORMATION

TOTAL AMOUNT $.

Does participant have any allergies? Yes No

If yes, Please explain: _____

Does participant have any physical or mental conditions that might require special consideration/attention? Yes No

If yes, please explain _____

ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES

Sports program (please circle one) Basketball Soccer

League Name _____ Last Year's Team (if in same league) _____

Shirt Size (please circle one) Y/M Y/L A/S A/M A/L A/XL Is sibling in same league? Yes No Name_____

Is parent interested in coaching? Yes No Name _____ Phone number _____ Email _____

Emergency Release Waiver

I, the undersigned (or parent or guardian of _____) hereby authorize the City of Newark , Department of Parks and Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the asforesaid child for any illness or injury, which may be suffered at any time while participating in Department of Parks and Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the City of Newark, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I/we understand that the City of Newark provides NO insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature (If under 18, parent/guardian must sign) _____ Date _____/_____/_____

The activities offered by the Newark Parks and Recreation Department are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully participate in this/these activities, please call the Parks and Recreation office to discuss the matter with the activity supervisor(s).

Please return registration form with payment to:

Newark Parks & Recreation Department
220 South Main Street
Newark, DE 19711
Fax (302) 366-7169

If you have questions about any of our programs, please call (302) 366-7000 or email parksrec@newark.de.us.

Payment type: Cash Check Credit Card Security Code

Card #

Exp. Date _____/_____ Name on card (Print) _____

Make check(s) or money order payable to: **CITY OF NEWARK**