	nter Spring rdian(s) of, a minor letic programs sponsored by Newton Public Schools (I	r, do hereby CONSENT
he "voluntary sports programs"). I/Wo imployees, and agents (hereinafter colle expenses of whatever kind or nature wh ing out of or resulting, directly or indirect ELEASE and discharge Newton from which said minor may have or acquire a	e RELEASE and discharge the City of Newton and i ectively referred to as "Newton"), from any and all cla nich I/we may have or acquire as the parent(s) or guardi ctly, from said minor's participation in the voluntary spon any and all claims, damages, losses or expenses of arising out of or resulting from, directly or indirectly, hi ermore agree to defend and INDEMNIFY Newton aga	its departments, officers, aims, damages, losses or ian(s) of said minor aris- orts programs. I/We also whatever kind or nature is/her participation in the
oss or expense of whatever kind or natu y negligent, or reckless acts or omission /We hereby authorize Newton's employ ng and consenting to emergency medica voluntary sports programs. This Author taff at such time as emergency medical	the that Newton may have to pay that arises from said me in while participating in the voluntary sports programs. Spee(s) or agent(s) who is supervising said minor to act of all care for said minor if he/she becomes ill or is injured vorization and Consent may be presented to the appropriate care is required. I/We hereby RELEASE and dischargation may arise out of the decision to provide emergency	ninor's intentional, gross- on our behalf in authoriz- while participating in the riate emergency medical ge Newton from any and
oss or expense of whatever kind or natu y negligent, or reckless acts or omission /We hereby authorize Newton's employ ng and consenting to emergency medica voluntary sports programs. This Autho taff at such time as emergency medical all claims of any nature whatsoever, wh	are that Newton may have to pay that arises from said in its while participating in the voluntary sports programs. yee(s) or agent(s) who is supervising said minor to act of all care for said minor if he/she becomes ill or is injured prization and Consent may be presented to the appropriate care is required. I/We hereby RELEASE and discharge	ninor's intentional, gross- on our behalf in authoriz- while participating in the riate emergency medical ge Newton from any and or medical care.
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Student's Last Name	First Name	Middle Initial
Home Address		Zip Code
	/ /	
Telephone No.	Date of Birth	Grade / Home Room
E-mail: N CASE OF EMERGENC		_
	Y	Relationship
N CASE OF EMERGENC	Y Tel.No.	Relationship
N CASE OF EMERGENC	Y Tel.No.	Relationship Relationship
N CASE OF EMERGENC	Tel.No.	