

# Ballers Select Club

## 2013

Player Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street

City

Zip

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Location:	Session 1	Session 2
	City Park _____	Hampden Park _____
	9:30am-12:00noon _____	4:30-6:00pm _____

**Make checks payable to:  
"Reading Recreation Commission"**

**Mail to: Reading Recreation Commission  
Attn: Tennis  
320 South 3<sup>rd</sup> Street  
Reading, PA 19602**

Does the participant have any special needs/health issues (included allergies): \_\_\_\_\_

I grant permission for the Reading Recreation Commission to take and use photographs, slides and videotapes of my child as needed for program documentation, program development and public relations.

INITIAL \_\_\_\_\_

The undersigned in consideration of admittance to this activity does hereby for myself, my minor child, all heirs, successors, and assigns agree to release, waive, and forever discharge from all liabilities and further agree to indemnity, save and hold harmless the Reading Recreation Commission agents and employees from any loss, liability, damage, or costs which may be incurred due to participation in this activity.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

