

Summer Youth Tennis Club

2013

Player Name: _____

Mailing address: _____

Street

City

Zip

Phone #: _____ Email: _____

Date of Birth: _____

Emergency Contact Name: _____ Emergency Phone#: _____

Location:	Hampden Park _____	West Reading _____
	9:00am-10:15am _____	9:00am-10:15am _____
	10:30am-11:15am _____	10:30am-11:15am _____

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

**Mail to: Reading Recreation Commission
Attn: Tennis
320 South 3rd 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:** _____

