



South of Penn Summer Basketball League

June 19th – August 9th | 3rd and Spruce Gym | Mon & Wed

Registration closes JUNE 2nd | Open Gym June 12th & 13th 6-8PM

Male Player Name: _____

Mailing address: _____
Street City Zip

Phone #: _____ Email: _____

Age (as of June 1): _____ T-shirt Size: _____

Emergency Contact Name: _____ Emergency Phone#: _____

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: _____

FOR OFFICE USE ONLY:

Proof of Age Verified

Participant @\$10.00 (Reading resident ages 15-18) Participant @\$40.00 (non-Reading resident ages 15-18)

Paid Cash or Check (ck#: _____) Received By: _____ Date: _____