



Reading Recreation Commission  
320 South 3<sup>rd</sup> Street  
Reading Pa 19602  
610-655-6067  
matthew.lubas@readingpa.gov

### Schlegel Park Competitive Swim Team

Participant Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City Zip

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

DOB: \_\_\_\_\_ Age as of July 24: \_\_\_\_\_

School: \_\_\_\_\_

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

T-Shirt Size: \_\_\_\_\_

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

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

**PARENT'S INITIALS:** \_\_\_\_\_

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, City of Reading and Reading School District 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):** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**FOR OFFICE USE ONLY:**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Member #: \_\_\_\_\_