

Adult Tennis Club

2013

Player Name: _____

Mailing address: _____

Street

City

Zip

Phone #: _____ Email: _____

Date of Birth: _____

Emergency Contact Name: _____ Emergency Phone#: _____

**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.

Name (Please Print) _____

Signature _____ **Date:** _____

