



## RRC Youth Hoops Summer Camps - 2013

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

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

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

Age (as of July 1): \_\_\_\_\_ T-shirt Size: (please circle) YM YL AS AM AL AXL AXXL

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: \_\_\_\_\_

**PLEASE INDICATE WHICH CAMP YOUR CHILD WILL BE ATTENDING:**

Boys & Girls age 8-12 June 24- June 28

Boys & Girls age 13-16 July 8-12

Paid Cash or Check (ck#: \_\_\_\_\_) Received by: \_\_\_\_\_

Contact: Heather Boyer [heather.boyer@readingpa.org](mailto:heather.boyer@readingpa.org) or 610.655.6203