



2013 SPRING REGISTRATION

Player Name: _____ DOB: _____

Mailing address: _____

Phone #: _____ Email: _____

Programs: Academy (\$50) _____ Developmental-Red (\$25) _____
Developmental Orange (\$25) _____

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

**Mail to: Reading Recreation Commission
Attn: Tennis
320 South 3rd Street
Reading, PA 19602**

Injury Release

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 Name (Please Print) _____

Parent Signature _____ Date: _____

Publicity Release

I hereby authorize and grant permission to the Reading Recreation Commission, City of Reading and Reading School District and any of its authorized agents to use my photographic image for any electronic or non-electronic form or media. I agree that my image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image. I expressly release and forever discharge the City of Reading and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of the use of my photographic image. I have read this release before signing below, and I fully understand the contents, meanings and impact of this release and waiver.

Parent Name (Please Print) _____

Parent Signature _____ Date: _____

