



YOUTH FUTSAL REGISTRATION-SESSION I

Participant Name: _____

Mailing address: _____

Street

City

Zip

DOB: _____ Age as of November 1, 2021 _____ School Attending: _____

Boy ____ or Girl _____

Parent Name: _____ Parent Phone #: _____

Parent email: _____ (Required for game updates/changes)

Emergency Contact Name: _____ Emergency Phone#: _____

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

(X) Program you are registering for: Please note city residents are those residing within the boundaries of the Reading School District.

	Resident	Non Resident
8-12	_____ \$35	_____ \$55
13-18	_____ \$35	_____ \$55

COVID-19: We believe it is important for you to understand and acknowledge the following. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable. By having you or your child participate in the activities of the Reading Recreation Commission, you and your child are hereby acknowledging and assuming all risks related to exposure to COVID-19, including the risk that you or your child will become a carrier of COVID-19 and expose others as a result.

Initial Here _____

AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the Reading Recreation Commission ("RRC") to participate in an RRC Program, I, the UNDERSIGNED, certify that I have legal custody or am the natural or appointed guardian of said minor, and I agree to be bound by the following: 1. Participation in Program: The RRC program provides a variety of activities including, but not limited to, social activities, active games and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with playing equipment, sun burns, heat exhaustion, insect bites, bee stings, and minor injuries associated with game equipment and various other supplies and materials. 2. Medical Attention: I hereby give my consent that in the event I require medical treatment while under the supervision of RRC's personnel in connection with the above described activity, such personnel may authorize treatment that he or she deems necessary. I also agree to pay all medical, hospital or other expenses which may incur as a result. 4. Waiver, Release and Indemnification: I hereby waive, release and discharge any and all claims in advance against RRC (including its directors, officers, employees and agents) from and against any and all liability arising out of or connected in any way with my participation in the above described activities, even though that liability may arise out of negligence or carelessness on the part of RRC (or its directors, officers, employees or agents) for damage for personal injury, death or property damage which I may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release and assumption of risks is to be binding on the heirs and assigns the undersigned. I further agree to reimburse or make good any loss or damage or cost that RRC (or its directors, officers, employees or agents) may have to pay if any litigation arises on account of any claim made by anyone on my behalf. 5. Promotion: I hereby give consent to the Reading Recreation Commission to photograph. I understand the picture may be included in program promotional materials, and/or in the promotion of RRC's Program in the newspaper, slide shows or other media. Any use of pictures of tennis participants are for RRC's charitable purposes only.

I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the Reading Recreation Commission.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ____/____/____

FOR OFFICE USE ONLY:

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