



YOUTH SOCCER REGISTRATION (R2)

Participant Name: _____

Mailing address: _____

Street City Zip

DOB: _____ School Attending: _____

Boy ____ or Girl ____ T Shirt Size (Mark with "x"): YS__ YM__ YL__ YXL__ AS__ AM__ AL__

Parent Name: _____ Parent Phone #: _____

Parent email: _____ (Needed 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.

Table with 6 columns: Year, U#, Resident Fee, Non Resident Fee, Year, U#, Resident Fee, Non Resident Fee. Rows include years 2017-2014 and U#s 6-13.

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.

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.

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: _____