

2023 Schlegel Park Competitive Swim Team

Participant Name: _____

Mailing address: _____
Street City Zip

Phone #: _____ Email: _____

DOB: _____ Age as of July 24: _____

School: _____

Emergency Contact Name: _____ Emergency Phone#: _____

T-Shirt Size: _____ Are you a member of Schlegel Park Swim Camp: Yes / No

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

I grant permission for the Reading Recreation Commission to take and use photographs and/or videos of my child as needed for program documentation, program development and public relations.

PARENT'S INITIALS: _____

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/Guardian Name (Please Print): _____

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

FOR OFFICE USE ONLY:

Verified By: _____ Date: _____

Camp #: _____ Non Camp: \$70 _____