



2026 Schlegel Park Competitive Swim Team

Participant Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street

City

Zip

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Boy \_\_\_\_\_ or Girl \_\_\_\_\_ T Shirt Size (Mark with "x"): YS\_\_\_ YM\_\_\_ YL\_\_\_ YXL\_\_\_ AS\_\_\_ AM\_\_\_ AL\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Are you a member of Schlegel Park Swim Camp: YES / NO

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.

**Initial Here** \_\_\_\_\_

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:**

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

Camp Member (#) : \$60.00 \_\_\_\_\_ Non Camp: \$100 \_\_\_\_\_