

RRC SOCCER PROGRAM REGISTRATION (complete both sides of form)

Player Information

First _____ Last _____ Date of Birth: _____

Mailing address: _____
 Street City Zip

Home Phone #: _____ Mobile Phone #: _____ Other Phone #: _____

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

Parent/Guardian Information

Parent's Name: First _____ Last _____

Mailing address: _____
 Street City Zip

Home Phone #: _____ Mobile Phone #: _____ Other Phone #: _____

Primary Email Address: _____

Emergency Contact Information: _____ Mobile Phone #: _____

(✓) Program and Season you're registering for: Please indicate if your player is a Returner () or Newcomer ()

Red League: Ages 6 years old to 9 years old:

January 14th to February 14th: _____ Early Bird Resident Registration (\$65.00) _____ Early Bird Non-Resident Registration (\$90.00)

February 15th to March 10th: _____ Resident Registration (\$75.00) _____ Non-Resident Registration (\$100.00)

Shirt Size: (Circle) YXS, YS, YM, YL, YXL, S, M, L, XL, XXL

*For Early Bird Special ONLY: First Additional T-shirt is \$7, each extra shirt is \$10 (Mark the number of shirts on each size): YS__YM__YL__YXL__S__M__L__

(✓) Program and Season you're registering for: Please indicate if your player is a Returner () or Newcomer ()

Black League: Ages 10 years old to 14 years old:

January 14th to February 14th: _____ Early Bird Resident Registration (\$65.00) _____ Early Bird Non-Resident Registration (\$90.00)

February 15th to March 10th: _____ Resident Registration (\$75.00) _____ Non-Resident Registration (\$100.00)

Shirt Size: (Circle) YXS, YS, YM, YL, YXL, S, M, L, XL, XXL

*For Early Bird Special ONLY: First Additional T-shirt is \$7, each extra shirt is \$10 (Mark the number of shirts on each size): YS__YM__YL__YXL__S__M__L__

FOR OFFICE USE ONLY:

Paid: Cash, Check, Credit (circle) (ck#: _____) Amount \$ _____ Received By: _____ Date: _____

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Player Information

First _____ Last _____

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Emergency Information

Participant has the following handicaps, injuries, allergies _____

In event of injury to myself, my child/our children, I/We grant authority to any qualified physician to give such medical treatment as said physician considers necessary under the circumstances. _____ (initial)

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Agreement, Release, and Waiver

In consideration for being permitted by the Reading Recreation Commission (“RRC”) to participate in the Soccer 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 Soccer program provides a variety of activities including, but not limited to, physical activities, and active games. Some hazards associated with these activities include but not limited to, injuries associated with playing equipment, concussions, 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 considers 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 Soccer Program in the newspaper, slide shows or other media. Any use of pictures of Soccer participants are for RRC’s charitable purposes only. 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.

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:** ____/____/____