



Fall 2024 YOUTH SOCCER REGISTRATION

Participant Name: _____

Mailing address: _____

Street City Zip

DOB: _____ School Attending: _____ Boy ___ or Girl ___

T-Shirt Size for participant (Mark with "x"): YouthSM ___ YouthMED ___ YouthLG ___ YouthXL ___ AdultSM ___ AdultMED ___ AdultLG ___ AdultXL ___

***For Early Bird Registrations ONLY: First Additional T-shirt is \$7, and others are \$10**

(Indicate the number per size that you wish to order):

YouthSM ___ YouthMED ___ YouthLG ___ YouthXL ___ AdultSM ___ AdultMED ___ AdultLG ___ AdultXL ___

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 including allergies: _____

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

Red League		Black League	
Early Bird Rate (May 18 th to July 26 th)			
Birth Year	Resident	Non-Resident	
2018-2015	___ \$65	___ \$90	
2014-2010	___ \$65	___ \$90	

Red League		Black League	
Normal Rate (July 27 th to August 23 rd)			
Birth Year	Resident	Non-Resident	
2018-2015	___ \$75	___ \$100	
2014-2010	___ \$75	___ \$100	

****PLEASE NOTE: AFTER AUGUST 23RD, 2024, A \$25.00 LATE FEE WILL BE ADDED TO THE NORMAL REGISTRATION RATE****

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. **3. 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. **4. 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.

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:

EXTRA TSHIRTS: (For the Early Bird: first additional shirt is \$7 any other shirts is \$10) Amount of extra shirts: _____ Amount \$ _____

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