

Registration – South of Penn Futsal (complete both sides of form)

Player Information

Child's Name: *First* _____ *Last* _____ DOB: _____

Mailing address: _____
Street City Zip

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

Date of Birth: _____

T-shirt Size: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___

**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 that you are registering for:

SELECT THE SESSION YOU ARE PARTICPATING IN: ___ SESSION 1 (OCT 20-DEC 15, 2024) ___ SESSION 2 (JAN 5 – FEB 23, 2025)

Tiny Futsal Stars (Ages 6 to 9 years old)

___ Resident (\$53.00) ___ Non-resident (\$73.00)

Futsal Warriors (Ages 10 to 15 years old)

___ Resident (\$53.00) ___ Non-resident (\$73.00)

****PLEASE NOTE: A \$25.00 LATE FEE WILL BE ADDED TO THE STANDARD REGISTRATION RATE AFTER THE DEADLINE PER SESSION****

FOR OFFICE USE ONLY:

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

Player Information

Child's Name: *First* _____ *Last* _____

Emergency Information

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

Agreement, Release, and Waiver for Minor

In consideration for being permitted by the Reading Recreation Commission ("RRC") to participate in the SOP Futsal 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 SOP Futsal 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 deems 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 SOP Futsal Program in the newspaper, slide shows or other media. Any use of pictures of SOP Futsal 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:** ____/____/____