



Reading Blacktop Basketball Inc.  
PO BOX 14192  
Reading, Pa 19612

**Game Schedule:** (Start times are 6:00 PM - 9:00 PM)  
Mon & Wed: Ages: 7-9 & 10-11 Tues & Thurs: Ages: 12-13, 14-15 and 16

# Registration Form

Ages 7-16 (as of July 1, 2024)- Proof of age required at registration.

**Competition Preference Level** (Please Circle A or B): **A** = Advanced/Experienced **B** = Beginner/Moderate

**Player Information:** Male or Female

First Name \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Age** (as of July 1, 2024) \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School** \_\_\_\_\_

**Grade** (enrolled in Sept. 2024) \_\_\_\_\_

**T-Shirt Size (please circle):** Youth / Adult S M L XL XXL (we will do our best to accommodate sizing, however not guaranteed)

**Did you ever participate in Blacktop?** Yes or No If yes, how many years? \_\_\_\_\_

Participant has the following physical handicap, injuries, and allergies: \_\_\_\_\_ In the event of injury to the above listed child I/We grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance:** Company Name \_\_\_\_\_ **Hospital Preference** \_\_\_\_\_

**Group Number** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

I/We have read the foregoing parental consent release and medical treatment release. I/We understand and sign voluntarily. I/We the parents/Guardian of the above named applicant, hereby give my/our approval to his/her participation in any basketball activity during the current season. I/We do assume all risks and hazards incidental to such participation including transportation to and from such activities and, I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, the respective league and conference, and any other organization that the program is affiliated with, the organizers, sponsors, supervisors, board members, coaches, managers, participants and persons transporting my/our child to and from such activities, for claim out of injury to my/our child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Blacktop Use Only:</b> Proof of Age Verified <input type="checkbox"/>
(Circle Age Group): <b>7-9 10-11 12-13 14-15 16</b>
Payment type:  Cash  Money Order  Certified Check  <b>*NO PERSONAL CHECKS ACCEPTED*</b>