



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, 2026) - **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, 2026) ____ **Birth Date** ____/____/____

School _____

Grade (Enrolled in for 2026) _____

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: _____

This section is to be completed by Blacktop Staff ONLY

Circle Age Group
7-9 10-11 12-13 14-15 16

Payment type:

Cash

Money Order

Certified Check

NO PERSONAL CHECKS ACCEPTED