

FALL 2011 SOFTBALL REGISTRATION FORM
MIDDLETOWN VALLEY ATHLETIC ASSOCIATION (MVAA)
31 W. Main St. Suite A, Middletown, MD 21769 (301) 371-3423 (www.mvaasports.com)

Child's Name: _____ **Phone #** _____
Please Print Last First M.I.

Address: _____
Number/Street City State Zip

Sex: MALE/FEMALE **Shirt & Shorts Size:** _____ **Date of Birth:** _____
(circle one) (Youth or Adult S,M,L,XL) Month/Day/Year

Parent/Guardian Name: _____ **Phone #:** _____
Please Print Last First M.I.

Parent/Guardian With Different Last Name: _____ **Phone #:** _____
Please Print Last First M.I.

FEES AND DUES

(CHECK ONE BELOW) -

It is recommended to play up an age group in the fall if player is moving up in the Spring 2012

AGE	Birthdate	COST	
8 & under	1/1/02-12/31/04	\$40.00	
10 & under	1/1/00-12/31/01	\$50.00	
12 & under	1/1/98-12/31/99	\$50.00	
15 & under	1/1/95-12/31/97	\$50.00	

**** Late Fee - Additional \$25.00 per family after May 28, 2011 ****

MEMBERSHIP DUES: \$90 Family Membership dues must be paid once a year.

Please complete the 2011 MVAA Family Membership Form.

Having been informed of the provision of supervised sports for youth by the MVAA of Middletown, MD, I/We the parents (or Guardian) of the above named candidate, do hereby approve of his/her participation in any and all of the activities during the current season. I/We do assume all risks and hazards incidental to the conduct of the activities, and transportation to and from the activities; and do further hereby release, absolve, indemnify and hold harmless the MVAA of Middletown, MD, the organizers, sponsors, or any of the supervisors appointed by them. I/We also assume the responsibility of returning to MVAA, on demand, any and all uniforms and equipment issued to my/or child. We agree to pay all fees associated with the program as listed above.

As parent/guardian, I grant permission for any MVAA Sports Program adult staff member to obtain emergency treatment for my child in the event of injury or illness during participation in any MVAA Sports Program activities.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME: (Please Print): _____

MVAA is a volunteer organization. MVAA expects at least one adult family member to volunteer during your child's sports season. Please print the adult's name and phone # and/or e-mail address and check the area(s) below:

Volunteer's Name Phone # E-mail

Coach Assistant Coach _____ Umpire Team Parent _____ Uniform Coordinator Picture Day Coordinator _____ Field Maintenance