

BASEBALL FALL 2010 REGISTRATION FORM
MIDDLETOWN VALLEY ATHLETIC ASSOCIATION (MVAA)
31 W. Main St. Suite A, Middletown, MD 21769 (Website: www.mvaasports.com)

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

Address: _____ **E-mail:** _____
Number/Street City State Zip

MALE/FEMALE **Birth Date:** _____ **Grade:** _____ **Attending School:** Elementary/Middle
(circle one) Month/Day/Year (circle one)

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

SPORTS FEES: A sport fee is due for each child participating in each sport . (See Fee schedule below.)

Check One Box Below

Age Group	Amt.		Age Group	Amt.	
7-8 yrs.	\$100		13-14 yrs	\$185	
9-10 yrs.	\$125		15-17 yrs	\$185	
11-12 yrs	\$125				

--- Late Fee – Additional \$25.00 per family after May 22, 2010 ---

MEMBERSHIP DUES: \$90 Family Membership dues must be paid once a year. If you need to pay the annual dues please complete the Family Membership Form.

If you would like to make a charitable contribution to the MVAA please enter an amount below.

ENDOWMENT FUND CONTRIBUTION \$ _____

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 _____ Team Parent