

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

Cheerleading

Name: \_\_\_\_\_ Phone # \_\_\_\_\_
Please Print Last First M.I.

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
Number/Street City State Zip

Birth Date: \_\_\_\_\_ Grade in Fall 2011: \_\_\_\_\_ Attending School: \_\_\_\_\_
Month/Day/Year (circle one) Elementary/Middle/High

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Please Print Last First M.I.

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

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FEES AND DUES

SPORTS FEES: A sport fee is due for each child participating in each sport. (See Fee schedule below.)
Note: The refund Policy/Procedures are located at mvaasports.com, all registrations, and the MVAA Office

CHECK ONE BOX:

Table with 3 columns: Activity, Fee, and checkbox. Rows include Flag (Cheering only home + 1 away game) (K) for \$35, Mini Pony (1st & 2nd grade) for \$50, and Pony (3rd-4th grade), JV (5th & 6th) & Varsity (7th & 8th) for \$60.

\*\* 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.

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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): \_\_\_\_\_

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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 Uniform Coordinator