

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

SOCCER - Fall 2010

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

Address: _____
Number/Street City State Zip

Gender: Male / Female Date of Birth: _____ Grade in Fall 2010: _____ County of Residence: _____
(circle one) Month/Day/Year

Previous Soccer Experience-# of seasons: _____
(Ex. Fall & Spring = 2 seasons)

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

E-Mail: _____ Cell : _____

Spouse OR Parent/Guardian with Different Last Name: _____ Phone #: _____
Please Print Last First M.I.

E-Mail: _____ Cell : _____

Table with 2 columns: Program, Fee*. Rows include In - House (U6-U8), Frederick County Youth Soccer League (U8-U14), Club/Travel-BBSL U12 & Under, Club/Travel-BBSL U13 & Above, Club/Travel-MSI U19 Girls.

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

MEMBERSHIP DUES: \$90 Family Membership dues must be paid once a year. Please complete the 2010 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/our child.

I/We understand that there is no guarantee of what team and/or level of team my/our child will be placed on.

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** Field Painting Team Parent/Manager Field Maintenance
Assistant Coach** Referee Game Day Field Set-up/Take down

**Please also complete the Coaches Maryland State Youth Soccer Association Registration Form.

