

BOYS' LACROSSE

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

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

Address: _____
Please Print Number/Street City State Zip

EMAIL: _____
Please Print

Date of Birth: _____ **Current Grade:** _____
Month/Day/Year

Years of experience: _____ **Position:** _____

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

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

FEES AND DUES Boys' Lacrosse Fee:

Please circle the appropriate program.

WMYLC Recreational (U9, U11, U13, & U15) \$75.00

Bethesda Travel League (U11, U13, & U15) \$125.00

** Late Fee – Additional \$25.00 per family after January 28, 2012 **

AGE GROUP REQUIREMENTS

Please Check One:

U-9 Team:

Player may not turn 9 prior to September 1, 2011

U-11 Team:

Player may not turn 11 prior to September 1, 2011

U-13 Team:

Player may not turn 13 prior to September 1, 2011

U-15 Team:

Player may not turn 15 prior to September 1, 2011

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

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

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 the MVAA, on demand, any and all uniforms and equipment issued to my/our 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	_____ Referee	_____ Field Maintenance
_____ Assistant Coach	_____ Team Parent	_____ Uniform Coordinator