

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

SOCCER – Spring 2012

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

Address: _____
 Number/Street City State Zip

Gender: Male / Female **Date of Birth:** _____ **Grade:** _____ **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 :** _____

Please circle the appropriate program.	
I/We understand that there is no guarantee of what team and/or level of team my/our child will be placed on.	
Program	Fee*
In – House (U6-U8)	\$40 Circle jersey sz: (2-4) (4-6) (8-10) (12-14) AS
Frederick County Youth Soccer League (U8-U14)	\$65
Club/Travel-BBSL U12 & Under	\$115
Club/Travel-BBSL U13 & Above	\$165
Club/Travel-MSI U16 Boys/U19 Girls	\$115

****Due to our Soccer league’s earlier team registration timelines, players that are registered late will NOT be guaranteed a spot on any team.****

*** Late Fee – Additional \$25.00 per family after January 28, 2012 * Note: Refund Policy is posted on www.mvaasports.com ***

MEMBERSHIP DUES: \$90 Family Membership dues must be paid once a year. Please complete the 2012 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.

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
_____ Assistant Coach**	_____ Referee	_____ Game Day Field Set-up/Take down
_____ Field Maintenance		

****Please also complete the Coaches Maryland State Youth Soccer Association Registration Form. Background checks are required.**

**Middletown Valley Athletic Association/Middletown Valley Soccer Club
MEDICAL RELEASE AND WAIVER OF LIABILITY**

_____ has my permission to participate in the practices, events and games
(*PRINT PARTICIPANT'S NAME*)

sponsored by Middletown Valley Athletic Association (MVAA), the Frederick County Youth Soccer Association (FCYSA), YMCA, Baltimore Beltway Soccer League (BBSL), Montgomery Soccer Inc. (MSI), and/or other tournament/event sponsors. I realize by participating in these activities, he/she may become injured. I certify that he/she is physically able to participate in a competitive soccer program.

I give my permission for any and all medical attention necessary to be administered to the above named participant in the event of an accident, injury or sickness, under the direction of the authorized person(s) named below until such time as I may be contacted. I also assume responsibility for payment of any such treatment.

In consideration of being permitted to participate in soccer activities, I do hereby for myself, and as parent and/or legal guardian of _____, my heirs, executors, administrators, agents and assignees release and forever discharge event sponsors, coaches, the Middletown Valley Athletic Association, Soccer Official Services, the Frederick County Youth Soccer Association, YMCA, Montgomery Soccer Inc. (MSI), Baltimore Beltway Soccer League (BBSL), their agents, predecessors, successors and assigns, and all other persons involved in organizing and managing these events from all claims, demands, losses, damage actions, cause of actions or suits at law or in equity of whatsoever kind of nature, arising out of soccer activities, including without limitation, any claims for personal injuries or losses to the aforementioned participant, which I may otherwise be able to assert either on my own behalf or on behalf of that aforementioned participant.

MOTHER'S NAME _____ PHONE _____

FATHER'S NAME _____ PHONE _____

INSURANCE CO _____ POLICY # _____

AUTHORIZED PERSON(S) _____ **MVAA/MVSC Coaches and Staff Members**

PHYSICIAN _____ PHONE _____

KNOWN ALLERGIES _____

MEDICATIONS/CONDITIONS _____

PRINT PARENT/LEGAL GUARDIAN NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE