

MSA Registration Form

Student Name: _____

Address: _____

Zip Code: _____

Telephone Number: _____

Email: _____

Age: _____ Gender: _____

Clinic/Camp Location: _____

Sport(s): _____

Spring Break Camp: _____

Summer Sport Camp session and
Number(s): _____

My child is covered by medical insurance and any special medical conditions will be stated. The Organizers and their representatives are not responsible for any injury or damage that may occur. Also, I authorize session staff to act on my behalf in emergency. I agree with MSA's policy of NO REFUND, which states that only an MSA credit will be issued for future MSA activities.

Parent Signature: _____

Child Health _____

Payment Amount: \$ _____

Card Number: _____

Expiration Date: _____ **Zip Code** _____

For your own protection, please don't email the form if you are using a credit card for payment, since email is not secured. Please print and snail mail it to us at:

**Montgomery Sports association
9334 Sprinklewood Lane, Potomac, MD 2085**