

MSA TEAM REGISTRATION FORM

Parents/Guardians and Player Consent:

Parents and Players please read and indicate your agreement by signing below:

I hereby approve my child's participation in the MSA Teams and consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions, which will interfere with my child's participation. I have acknowledge and agree with MSA's no-refund policy, and that only an MSA credit certificate will be issue for future MSA activities.

Sport: _____

School Location: _____

Age Group: _____

Athlete's Name _____

SIGNATURE _____

(Please Print)

PARENT'S SIGNATURE _____ Date _____

Player's Birth Date: Month _____ Day _____ YEAR _____

Home Address _____

(City) _____ (State) _____ (Zip) _____

Mom's Name: _____

Dad's Name: _____

Home # _____ Mom's Work # _____

Dad's Work # _____

Family Email: _____

Grade ____ School _____

Current Team _____ Coach _____

AAU Membership Number _____

Pay fee by personal checks and major credit cards (Visa, MC and Discover)

Payment Authorization

Parent Signature: _____

Payment Amount: \$ _____

Card Number: _____

Expiration Date: _____ Zip Code _____

Name of the Card Holder: _____

Address of Card billing address if it is different than the home address:

(City) _____ (State) _____ (Zip) _____

**Mail Registration & payment to:
MSA, 9334 Sprinklewood Lane, Potomac, MD 20854**