



# Elvaton Recreation Association

323 Dogwood Road ~ Millersville, MD 21108

You can mail completed forms with payments to us!

Please note registration is not guaranteed if sent after posted deadlines.

# Registration

Date: \_\_\_/\_\_\_/\_\_\_

Father's Name: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother                      Father

Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Registration Fees:**

5-8 year old:            \$50.00  
 9-18 year old:         \$75.00

Family Membership: \$25.00 per year

Concession Waiver: \$25.00 per child  
(Fall Clinics and Basketball are exempt from the Concession Waiver)

\_\_\_\_\_ x \$50.00 = \_\_\_\_\_  
 \_\_\_\_\_ x \$75.00 = \_\_\_\_\_

Clinics: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Concession Waiver: \_\_\_\_\_  
(Does not apply for Basketball, Fall Softball or Fall Clinic)

Annual Family Membership  
(Paid annually, starts January 1<sup>st</sup>) \_\_\_\_\_

Total:

Check Amount: \_\_\_\_\_  
 Cash Amount: \_\_\_\_\_  
 Amount Still Owed: \_\_\_\_\_

**Sport:**

Softball             Baseball             Soccer  
 Fall Softball       Fall Clinic            Basketball  
 Girls Lacrosse

**I KNOW I CAN HELP:**

Coach                       Assistant Coach  
 Team Mom/Dad           Administration  
 Registration               Maintenance  
 Other

My Name: \_\_\_\_\_  
 Contact me @ \_\_\_\_\_

Elvaton Recreation Association is a 100% volunteer organization.  
 Everything from Registration to Maintenance is completed by volunteer  
 parents just like you.

**Players:**

	First, Last Name	DOB	Age	Sex	Grade	School
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Parents and/or legal guardians shall be primarily responsible for the action and conduct of their children. Therefore, in consideration of the above named child/children being permitted to participate in the specified ELVATON RECREATION ASSOCIATION (ERA) Programs, we hereby waive and release ERA, its officials, agents and servants from any and all claims resulting from injuries sustained by the above named player(s) and Parent(s) or Guardian(s) agree to save harmless and indemnify ERA, its officials, agents and servants to the full amount of such claim including attorney fees.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

**Special Concession Waiver for Baseball and Soccer Only:**  
 I do not wish to work the concession stand. Therefore I will accept the additional registration fee of \$25.00 per child.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date