

# Gloucester Township Girls Athletic Association, Inc.

## FALL SOFTBALL 2018

I hereby grant permission for \_\_\_\_\_ to participate in the softball program under the Rules and Regulations and ByLaws of the Gloucester Township Girls Athletic Association, Inc. I understand there are risks of possible injury in this program. I release the G.T.G.A.A., its officers, members, and sponsors from any legal or financial responsibility resulting from actions of, or injury to, my daughter (while participating in any G.T.G.A.A. activity or event), *AND myself or my family as a coach, official, spectator, or participant at any G.T.G.A.A. activity or event.* It is my understanding that I will use my insurance first if any accident occurs and the league's insurance only if mine does not cover it. Registration fee (**\$85 travel**) is non-refundable after team selections. ***THERE WILL BE A \$20.00 FEE FOR ANY RETURNED CHECKS. I further certify that my child is not playing on any other independent organization team during the season.***

BIRTHDATE: \_\_\_\_\_ Age as of Jan. 1, 2019: \_\_\_\_\_ YRS. EXP. \_\_\_\_\_ 2018 Team: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_ Shirt Size: YL AS AM AL AXL

Any medical problems: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's "bad" days (C.C.D., etc.): \_\_\_\_\_

**Parent Volunteer: (circle)      Head Coach      Asst. Coach      Team Parent      Scorekeeper**

***NOTE TO ALL GIRLS: By registering to play, you are giving a full commitment to the program and you are expected to attend all practices and games unless for good reason and with prior notification of the coach. If you do not fulfill your obligation, or quit, or are suspended, you are subject to lose G.T.G.A.A. privileges for up to ONE YEAR and will not be eligible to sign up for other programs.***

**In the event of injury, accident or sickness requiring immediate treatment, I request that every effort be made to contact me directly. If I cannot be reached, I authorize the G.T.G.A.A. staff to make appropriate arrangements for treatment.**

\_\_\_\_\_  
Parent Signature

G.T.G.A.A. Division: \_\_\_\_\_

AMOUNT PAID:    Registration Fee: \_\_\_\_\_    BY: \_\_\_\_\_    (Checks will be held until Aug 1)

\*\*\*\*\*

## ALL PLAYERS WILL BE CALLED OR EMAILED BY THE COACHING STAFF WITH DETAILS OF THE SEASON AND FIRST PRACTICES AND SUMMER CLINICS HELD IN AUGUST

*(Times, Days, and Locations of Games are not known at this time and will depend on number of teams and field availability. Season will most likely run from early Sept until Oct. 20. Games may be during the week under the lights and/or on the weekends. All intown games will be at Lakeland field or Highland HS. Do not register for Fall Softball if you are committed to another sport during these times)*

***FALL TRAVEL TEAMS WILL BE SELECTED BY COACHING STAFFS  
FROM PAST SPRING TEAM PARTICIPANTS AND LATE SUMMER WORKOUTS***

**ALL TEAMS FORMED WILL PLAY GAMES AGAINST OTHER TOWNS/ORGANIZATIONS**

## **SOME LATE REGISTRATIONS TAKEN UNTIL WEDS, AUG 1 IF SPOTS AVAILABLE**

REGISTRATIONS (include check to GTGAA) CAN BE MAILED BEFORE AUG 1 TO:

**GTGAA FALL SOFTBALL  
C/O JOHN PETTIT, COORDINATOR  
40 JONQUIL WAY  
SICKLERVILLE, NJ 08081**

**FALL SOFTBALL COORDINATORS - JOHN PETTIT (email jcp3rd@comcast.net) OR ANN (609-405-4985)**