

Gloucester Township Girls Athletic Association, Inc.

FALL SOFTBALL 2019

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, 2020: _____ YRS. EXP. _____ 2019 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)