

# Gloucester Township Girls Athletic Association, Inc.

Gloucester Township Girls Fastpitch Softball, Inc.

Have you played in any G.T.G.A.A. program before? Sport \_\_\_\_\_ Year \_\_\_\_\_

## 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, 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 is non-refundable after commencement of tryouts (TT drops during TO less \$25). ***THERE WILL BE A \$20.00 FEE FOR ANY RETURNED CHECKS.***

BIRTHDATE: \_\_\_\_\_ Age as of July 31, 2018: \_\_\_\_\_ YRS. EXP. \_\_\_\_\_ 2017 Team: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Shirt Size: YM YL AS AM AL AXL Pant Size: YS YM YL YXL AS AM AL

Any medical problems: \_\_\_\_\_ Medical Insurance Co.: \_\_\_\_\_

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

Player's "bad" days (C.C.D., etc.): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

*Parent Volunteer: (circle) Head Coach Asst. Coach Team Parent Umpire Div. Coordinator*

***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 12 months 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.**

**I FURTHER CERTIFY THAT MY DAUGHTER IS NOT PLAYING ON ANY OTHER INDEPENDENT PROGRAM/LEAGUE DURING THE GTGAA SEASON (school teams are acceptable). PLAYERS ON TRAV TEAMS (age 16-under only) need approval for ASA team participation.**

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

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

AMOUNT PAID: Registration Fee Payments: \_\_\_\_\_ Raffle Deposit: \_\_\_\_\_ BY: \_\_\_\_\_ Any Additional Tickets: \_\_\_\_\_

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**PLEASE PRINT ON WHITE PAPER**

**FILL OUT AND BRING TO REGISTRATIONS ON  
DESIGNATED DATES  
TO RECEIVE TEAM PLACEMENT TRYOUT  
AND TEAM/PARENT MEETING INFORMATION**

**NO REGISTRATIONS TAKEN ON-LINE OR OVER THE PHONE**