

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 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, 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 Jan 1, 2019: _____ YRS. EXP. _____ 2018 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.

Parent Signature

G.T.G.A.A. Division: _____

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

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