

Gloucester Township Girls Athletic Association, Inc.

SUMMER VOLLEYBALL 2018

I hereby grant permission for _____ to participate in the volleyball 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 (\$25) is non-refundable after first night. ***THERE WILL BE A \$15.00 FEE FOR ANY RETURNED CHECKS.***

BIRTHDATE: _____ Age as of Aug 15, 2018: _____ Grade as of 9/18: _____ ANY EXP. _____
Address: _____ City: _____
Telephone: _____ E-Mail: _____@_____ Shirt Size: YL AS AM AL AXL

Any medical problems: _____

In Case of Emergency Contact: _____ Relationship: _____ Phone: _____

ALL GAMES ON THURSDAY EVENINGS - Any problems? _____
Parent Volunteer: (circle) Team Coordinator (Manager) 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 1 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: JUN (gr 5-7) or SEN (gr 8-11)

AMOUNT PAID: Reg Fee: _____ BY: _____ GROUPING REQUESTS: _____

ALL PLAYERS MUST ATTEND CLINIC AND PRACTICE SESSIONS OR WILL NOT BE PLACED ON A TEAM
(Attend ALL DATES - Age Groups for Divisions not finalized until after Clinics)

**THURSDAY, June 21 and TUES., June 26
at HIGHLAND HS GYM**

JUNIOR DIVISION (grades 5-7) REPORT AT 6:15 P.M.
SENIOR DIVISION (grades 8-11) REPORT AT 7:30 P.M.

CLINICS WILL RUN FOR FIRST FEW WEEKS AND THEN GAME SCHEDULE WILL BE ESTABLISHED
PROGRAM WILL RUN FROM JUNE 22 UNTIL AUGUST 2 - Tues and Thurs Evenings (5 weeks) - no July 24/26

CHUCK PALUMBO - GTGAA President ALEX KOPEYKIN - Summer Volleyball Commissioner

Gloucester Township Girls Athletic Association, Inc.
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(856) 227-3083
www.gtga.org gtga@yahoo.com

AMOUNT PAID: Registration Fee: _____ BY: _____