

Gloucester Township Girls Athletic Association, Inc.

VOLLEYBALL 2017

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 (\$40) is non-refundable after first night. ***THERE WILL BE A \$20.00 FEE FOR ANY RETURNED CHECKS.***

BIRTHDATE: _____ Age as of Oct. 1, 2017: _____ CURRENT GRADE: _____ 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 WEDNESDAY 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 8-12)

AMOUNT PAID: Reg Fee: _____ BY: _____ GROUPING REQUESTS (MAX 4): _____

ALL PLAYERS MUST ATTEND CLINIC AND PRACTICE SESSION OR WILL NOT BE PLACED ON A TEAM
(Age Groups for Divisions not finalized until after Clinic)

WEDNESDAY, SEPTEMBER 20, 2017 at GLEN LANDING SCHOOL GYM

JUNIOR DIVISION (grades 5-7) REPORT AT 7:00 P.M. SENIOR DIVISION (grades 8-12) REPORT AT 7:45 P.M.

REGULAR SEASON WILL BE HELD ON ALL WEDNESDAYS - Sept. 27 through Nov. 15
(Mondays will be used for Practices)

CHUCK PALUMBO - GTGAA President JOE HENLEY- GTGAA Volleyball Coordinator

Gloucester Township Girls Athletic Association, Inc.
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(856) 227-3083

www.gtga.org gtga@yahoo.com

AMOUNT PAID: Registration Fee: _____ BY: _____