

Gloucester Township Girls Athletic Association, Inc.

VOLLEYBALL 2021

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, 2021: _____ 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 PARTICIPANTS AND FAMILIES: The GTGAA has been given the privilege of using the school facilities at this time. All rules and regulations must be followed which includes any requirements from the school, State or CDC with regard to COVID. Face masks may be required by all visitors and players. Further details will be made by the first practices. It is the intention of the GTGAA to maintain a fun and SAFE program. Thank you!

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: _____

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 15, 2021 at HIGHLAND HIGH SCHOOL GYM

JUNIOR DIVISION (grades 5-7) REPORT AT 6:30 P.M. SENIOR DIVISION (grades 8-12) REPORT AT 7:45 P.M.

REGULAR SEASON WILL BE HELD ON MONDAYS (Practices) AND WEDNESDAYS (Games)
Warm Up Clinics and practices Sept 20 and 22 - Teams will be set Sept 27 and 29
Games will run October 6 to November 17

CHUCK PALUMBO - GTGAA President JOE HENLEY- GTGAA Volleyball Coordinator (henley35@comcast.net)

Gloucester Township Girls Athletic Association, Inc.
700 Erial Road, Blackwood, NJ 08012
(856) 227-3083
www.gtгаа.org gtгаа@yahoo.com

AMOUNT PAID: Registration Fee: _____ BY: _____