

# Gloucester Township Girls Athletic Association, Inc.

## COMPETITION CHEERLEADING 2008

I hereby grant permission for \_\_\_\_\_ to participate in the cheerleading 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 of \$80 is non-refundable after May 27. **ALL RETURNED CHECKS THIS YEAR SUBJECT TO \$30 FEE.**

BIRTHDATE: \_\_\_\_\_ Age as of Sept.1, 2008: \_\_\_\_\_ Grade as of NOW: \_\_\_\_\_ ( ) Yrs Exper.: \_\_\_\_\_ 07Squad: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Shirt Size: YM YL AS AM AL AXL

Any medical problems: \_\_\_\_\_  
Parent's Names: (mother) \_\_\_\_\_ (father) \_\_\_\_\_  
Any Sisters Participating in Program: (name) \_\_\_\_\_ (age) \_\_\_\_\_  
In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Player's "bad" days (C.C.D., etc.): \_\_\_\_\_

**Parent Volunteer (circle): Assist Admin Assist Finance Assist Coord Comps Squad Parent Squad Coord**  
**CAN YOU HELP AT OUR NOV. 9 COMPETITION YES \_\_\_\_\_ NOT AVAILABLE \_\_\_\_\_**

**UNIFORM POLICY** - I understand and certify that I will keep my daughter's uniform in neat, clean, and proper condition during the course of the season. Also, no alterations are to be made without the approval of the Squad Coordinator, and that the uniform is to be turned in within one week of the squad's last activity, and in clean condition.

**ADDITIONAL EXPENSES** - I also understand that there will be additional expenses incurred for the program for which I am responsible, such as sneakers, bodysuit, briefs and socks. Adequate notice will be provided when these costs are to be presented.

**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.**

As a participant in this program I intend to make all practices (as best possible), attend ALL Competitions and give a full commitment to the Program.

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

AMOUNT PAID: Registration Fee: \_\_\_\_\_ date \_\_\_\_\_ BY: \_\_\_\_\_  
Additional Payments: \_\_\_\_\_ Signature of Participant

CANDY RECEIVED: # of boxes \_\_\_\_\_ date paid \_\_\_\_\_

\*\*\*\*\*

**ALL REGISTRANTS MUST ATTEND THE REVIEW MEETING AND CLINIC ON THURS, MAY 8 AT LEWIS SCHOOL GYM AT 7:30 P.M.**  
**DETERMINATION WILL BE MADE AT THAT TIME IF THE SEASON WILL PROCEED DEPENDING ON COACHES AND ADMIN STAFF AVAILABLE**

**\*\*FUNDRAISER WILL ALSO BE DISTRIBUTED IF THE PROGRAM WILL BE CONTINUING\*\***

**IF THE PROGRAM CONTINUES - OTHER DATES FOR CLINICS AND PLACEMENT TRYOUTS (EVERYONE MUST ATTEND ALL DATES):**  
*(Girls who do not meet the average score requirement for each level may not be placed on a squad; however it is expected that most girls with some experience will meet this requirement. Novice squads may be formed, if enough interest. Refunds will be given until May 28).*

Division	Grades As of NOW	CLINIC		FINAL REVIEW and Parent Meeting
		Tue, May 13 and Thurs., May 15 - Lewis Gym	Wed. May 21 at Mullen	Tues, May 27 - Lewis Gym
Junior I	Gr 1 and 2		7:30-8:30 P.M.	7:30-8:30 P.M.
Junior II	Gr 3 and 4		7:30-8:30 P.M.	7:30-8:30 P.M.
Senior	Gr 5 to 9		7:30-8:30 P.M.	7:30-8:30 P.M.

**Squad/Parent Meeting to be held on Tuesday, May 27 - 8:15 P.M. at Lewis School Gym**

\*\*\*\*\*

RECEIPT OF PAYMENT BY G.T.G.A.A. (AMOUNT- Reg \$ \_\_\_\_\_ By \_\_\_\_\_)