

**BLACK HORSE PIKE - G.T.G.A.A.**  
**SUMMER FASTPITCH SOFTBALL CAMPS**

**REGISTRATION FORM**

**Three-Day Camp - from 9 A.M. to Noon (Tuesday through Thursday)**

**Current Ages 9 to 15**

**July 14, 15, 16**

**at TRITON HIGH SCHOOL - Fee \$80**  
**(includes Camp T-Shirt if Registered by June 30)**

*Camps under the Direction of High School Softball Coaches, Travel Coaches, and ASA Coaches*

**COVERED ITEMS: Hitting, Fielding, Pitching, Baserunning**

*Clinics will be held inside in the case of inclement weather*

**CONTACT - GTGAA Hotline 227-3083 or email [gtgaa@yahoo.com](mailto:gtgaa@yahoo.com)**  
**Director - Pam McCabe 856-229-2037 - email [pitchersrule@gmail.com](mailto:pitchersrule@gmail.com)**

**MAKE CHECKS PAYABLE TO G.T.G.A.A.**

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**BLACK HORSE PIKE - G.T.G.A.A. FASTPITCH SOFTBALL SUMMER CAMP 2009 REGISTRATION FORM**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age as of 7/1/09: \_\_\_\_\_  
Grade as of Sept: \_\_\_\_\_ School attending in September: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Player Cell: \_\_\_\_\_ Mother/Father/Guardian Cell Number: \_\_\_\_\_

SHIRT SIZE: YM YL AS AM AL AXL Email Address: \_\_\_\_\_  
Any Medical Problems: \_\_\_\_\_

Emergency Contact: (name): \_\_\_\_\_ (relationship): \_\_\_\_\_ (phone): \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Please contact my primary doctor listed prior to emergency room treatment of my child

I hereby grant permission for the above to participate in the softball clinics sponsored by the G.T.G.A.A. and the Black Horse Pike softball coaches group. I understand there are risks of possible injury in this program. I release the G.T.G.A.A., its officers, members, and sponsors, AS WELL AS the Black Horse Pike coaches group from any legal or financial responsibility resulting from actions of, or injury to, my child's participation in this program. It is my understanding that I will use my insurance first if any accident occurs and the GTGAA's insurance only if mine does not cover it. I also authorize treatment for my child that in the event of an accident, my child be taken to a medical facility and treated if necessary.

\_\_\_\_\_  
Parent or Guardian Signature Date: \_\_\_\_\_

PAYMENT - Paid By Check # \_\_\_\_\_ or Cash \_\_\_\_\_ TAKEN BY: \_\_\_\_\_