



Garden City Athletic Association
P.O. Box 4, Garden City, NY 11530
2012 Winter Basketball Spring/Fall Baseball/ Lacrosse

Challenger Division

The undersigned hereby applies for membership in the Garden City Athletic Association (GCAA):

Name: _____ Home Phone: _____

Address: _____ Birthday: _____

Mother's Name: _____ Father's Name: _____

e-mail #1: _____

e-mail #2: _____

Cell #1: _____

Cell #2: _____

Registration Fee: None

Please circle shirt size Youth - Small Medium Large
 Adult - Small Medium Large X-Large

I understand that this application will be accepted upon its submission, and I agree that:

- 1) Membership is subject to the rules and regulations of the GCAA and the national organization such as Little League, or any other sports or athletic organizations with which the GCAA programs are or may become affiliated.
- 2) Membership may be revoked with or without cause at the discretion of the Board of Directors of the GCAA.
- 3) Membership includes limited insurance coverage, which is EXCESS INSURANCE ONLY that becomes effective only after member's personal insurance coverage.
- 4) Membership is subject in particular to the GCAA code of conduct, receipt of which is hereby acknowledged.
- 5) The registrant (player) may participate only in the programs specified for the seasons covered by this application.

Further, I hereby appoint A1 Vanasco, Michael Crowley, Bob Jahelka, and each of them my proxy with power of substitution, to represent and vote in my stead at the Annual Meeting of the GCAA to be held in October, 2012, at the Garden City School and at any adjournment thereof. I understand that I may revoke this proxy at any time. I further agree that no further notice, other than provided herein, need be given to me of said Annual Meeting and by my signature hereof. I hereby waive any right to receive any further notice of said Annual Meeting.

Parent(s): The GCAA Challenger Programs are supervised by volunteers. Please note that at least one parent or adult designated person MUST BE PRESENT at any sport your child is playing. At no time should a parent drop off a child and leave the area without speaking to a coach, coordinator or other GCAA member instructing that you have given someone else the responsibility of your child.

Dated: _____ **Parent Signature** _____

PARENTAL WAIVER AND CONSENT FORM

As the parent of legal guardian of the child named, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitations (allergies, hearing, site, etc.)

Dated _____ Parants Signature _____

(Application will be rejected without signature)