



NAME _____ Date _____

ADDRESS _____

PHONE# _____ Cell # _____

E-MAIL _____

TEAM NAME _____ Number _____

REGISTRATION FEE: \$160 per player, \$240 for both divisions

Cash----- Check number-----

By signing this form you agree you have read and understood the assumption of risk and Indemnity agreement and code of conduct.
All players must turn legal age in the current year.

MAKE CHECKS PAYABLE TO: GTML

GLOUCESTER TWP. MEN'S LEAGUE

LEAGUE WEBISTE: www.leaguelineup.com/gtml

SIGNED.....

Players and spectators agree to self-monitor for signs and symptoms of Covid-19. Symptoms typically include fever, cough or shortness of breath. It is your responsibility to follow all local and state guidelines pertaining to the Covid-19 restrictions in Gloucester Township.