

## GCSS Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail address \_\_\_\_\_

Shirt Size (check One) Sm \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

What is your preferred Uniform number? List 3 choices. \_\_\_\_\_

**Uniform numbers are not guaranteed!!!!**

Will you be able to play all 64 games this season? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you play every Monday? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you play every Thursday? Yes \_\_\_\_\_ No \_\_\_\_\_

List all dates you will **not** be able to play. Give month and date \_\_\_\_\_

Do you have any physical limitation? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please elaborate

\_\_\_\_ Running      \_\_\_\_ Throwing      \_\_\_\_ Stamina      \_\_\_\_ Other (explain)

Do you know anyone who would like to play in our league? Give name and phone number \_\_\_\_\_

### **Release and Indemnification:**

The undersigned, for myself, my executors, administrators, heirs, and assigns, releases, indemnifies, and holds harmless the City of Brook Park and GCSS, their officials, employees, officers, and Governing Board members from and against any and all claims for personal injuries, property damage, or other losses arising out of my participation in the GCSS League and GCSS activities in Brook Park, Ohio. I understand the risk of loss and injury to myself or my property by my participation in the GCSS League and do agree to personally assume all risk for loss and injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yearly Dues \$100.00**      \*\*\*Make all checks payable to GCSS\*\*\*

Mail to: Jack Salmon    14340 Kingman Drive    Middleburg Heights, Ohio 44130

\*\*\*GCSS Use Only\*\*    Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_