

GCSS 2024 Summer League Registration

Please Print:

NAME _____ Date of Birth _____ Age in 2024 _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Email _____

Emergency Contact Name _____ Phone _____

Shirt Size (circle one) SM M L XL XXL Preferred Uniform numbers: ____, ____, ____ Fielding

positions that you play: _____

Do you plan on playing in **all or most** of the 7-inning doubleheaders for the scheduled May - Sept. playing dates? YES _____ NO _____

Are there any days that you cannot play due to work, vacations, or other personal commitments?

Please list the dates or time periods you will be unavailable: _____

PLEASE NOTE: PAID REGISTRATION DOES NOT GUARANTEE YOU WILL BE DRAFTED INTO THE LEAGUE.

Release Waiver:

The undersigned, for myself, my executors, administrators, heirs, and assigns, releases, indemnifies, and holds harmless GCSS and its 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 Summer League and its related GCSS activities. 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 _____ League fees: \$ 110.00 if paid before Feb. 29, 2024. \$135.00 After Feb. 29, 2024 Make checks payable to GCSS

*****GCSS USE ONLY***** Date Paid _____ CASH _____ Check # _____ Send to Treasurer : Al Karla, 405 Plymouth Court, Brunswick, Oh. 44212