



GCSS 2010 Season Registration

Please Print:

NAME _____ Date of birth _____

Address _____ City _____ State _____

ZIP _____ Phone _____ Cell _____

Wife's name _____ Occupation _____ Retired? _____

Shirt Size (check one) Sm _____ M _____ L _____ XL _____ XXL _____

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 checks payable to GCSS*****

MAIL TO: Ross Alfano 20550 Detroit Ave #5 Rocky River, OH 44116

GCSS USE ONLY DATE PAID _____ CASH _____ CHECK# _____