

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 # _____