

## 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: \_\_\_\_\_

\_\_\_\_\_

### 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