

GCSS 2024 Winter League Registration

Please Print:

NAME _____ Age _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Email _____

Emergency Contact Name _____ Phone _____

Fielding positions that you play: _____

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 Winter League and its related GCSS activities. This also applies to Caps Fieldhouse owners and executives as well. 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: \$ 100.00

Make checks payable to GCSS

GCSS USE ONLY

Date Paid _____ CASH _____

Check # _____

Send to Treasurer :

Al Karla, 405 Plymouth Court, Brunswick, Oh. 44212