

2010 REGISTRATION
Gold Country Senior Softball Association, Inc. (GCSSA)
P.O. Box 328
Penn Valley, CA 95946

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

Birth Date: _____ Age as of 12/31/10: _____ Shirt Size: _____ Shirt #: _____

Spouse / Significant Other: _____ Phone: _____

Additional Emergency Contact: _____ Phone: _____

Application and Fees must be received by Saturday, March 20, 2010 to be eligible for insurance and league draft. Applicants desiring to play after the league draft will be positioned by the GCSSA Board of Directors.

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Weeknight League Membership (Games played various Mon, Tues, and/or Thurs evenings) | \$140.00 |
| <input type="checkbox"/> | Saturday League Membership (Games played Saturday morning) | \$105.00 |
| <input type="checkbox"/> | Weeknight and Saturday League Membership | \$220.00 |
| <input type="checkbox"/> | Optional donation to help the league with field maintenance, fund for field lighting and improvements, scholarships, etc. | \$ _____ |

Please Make Checks Payable to "GCSSA" Total \$ _____

Dates that you will **NOT** be able to play... This information is to assist managers in drafting a team:

April: _____ May: _____ June: _____

July: _____ Aug: _____ Sept: _____

Other: _____

Positions you have played: _____

Positions you would like to play: _____

**GCSSA
USE ONLY**

Ch No: _____

Cash: _____

Secy: _____

Treas: _____

WAIVER: I understand that there are risks in participating in GCSSA League play. In my being permitted to play in the GCSSA, I knowingly and freely waive or give up claims I might otherwise have against Western Gateway Park District, its officers, directors, managers, and employees; the GCSSA, its directors, officers, team managers, umpires, scorekeepers or any other GCSSA league player arising from any personal injury or property damage that I may suffer during or as a result of my participation in GCSSA league activities. Furthermore, in consideration of my being permitted to participate in GCSSA league activities, I agree to indemnify and hold harmless the above named entities from any and all claims that might be brought by third parties for injuries or economic harm I may suffer. I understand the importance of this waiver and the effect it may have on my rights and in freely signing this waiver state that this is not a mere recital.

Last Name GCSSA use only

Signature: _____ Date: _____