Confirmations:
Paid in full: _____
Reg info entered? ____
Email valid? _____
Treasurer: _____

2018 GCSSA Rookie Registration Form

Gold Country Senior Softball Assoc.(GCSSA)
P.O. Box 328, Penn Valley, CA 95946
www.gcssasoftball.org

Date Received:
_____

◊ **Application and Fees must be received by the league treasurer on or before the March 31th, 2018 deadline to be eligible for the league draft.**
◊ **Mailing applications to the address above does not guarantee your application will be received by the deadline. It is your responsibility to ensure your application is accepted by the league by clicking on the "2018 Player Application Status" on the league website or going to the March sign-ups.**
◊ **Applications received after March 31th will be accepted at the discretion of the GCSSA Board.**

☐ **Weeknight League Membership –** Games played on Mon., Tue., and/or Thurs. evenings. **$160**
☐ **Saturday League Membership –** Games played on Saturday, 9am-1:30pm. **$135**

Cap or Visor (circle one) **EXTRA *Shirts: ____ @ $12 each** **EXTRA Cap/Visor: ____ @ $12 each**
Note: Shirts will be "moisture wick" fabric not cotton.

☐ **Optional Donation – For field improvements, maintenance and equipment only: $ _____**
***Are you willing to volunteer to help with field maintenance: Yes ____ No ____**

Please make checks payable to "GCSSA". **Total Amount: $ _____**

Player Information – Please PRINT CLEARLY:

Last Name: _____ First Name: _____

Street Address/City: _____ Apt. No.: _____

Home/Cell/Work Phone: _____

Email: _____

Birth Date: _____ Age as of 12/31/2018: _____ No. of seasons PLAYED in GCSSA: _____

Shirt size: _____ Shirt No.(1st/ 2nd/3rd choice): _____/_____/_____ Note: If numbers are not chosen, a number will be selected for you.

Emergency Contact: _____ Phone: _____

Draft Information: What position(s) do you normally play? _____
Weeknights: From April to mid-September, how many days will you be UNABLE to play on M/Tu/Th and/or Saturdays?
_____

What is your skill level: *Novice* _____ *Intermediate*_____ *Advanced* _____

Player 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 it 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.

Signature:
_____ Date: _____