



# 20\_\_ Gates Youth Soccer League House Soccer Program

( Please Print Clearly )

Is this a change in address or phone # ?

Y  N

(circle one)

Player Name:

Last

First

Parent Name:

Coach

Asst

Sex:

M

F

(circle one)

Birth Date

Month Day Year

585 -

Phone Number

Email Address

Address:

No.

Street Name

City

Zip Code

Played in Gates Last Year?

Y

N

If No, did you play with another club

Interested in Select

Willing to Play Goalie

Y

N

Major Medical Problems?

All 1st Year Gates Players Are Required to Provide a Copy of Their Birth Certificate

Birth Certificate on File?

Birth Certificate Provided?

Birth Certificate to Be Mailed In?

How did you hear about Gates Youth Soccer Registration?

- Postcard Home
- School Flyer
- Gates Town Brochure
- Gates Post Newspaper
- League Email
- Poster/Bulletin Board
- Friend

Please Visit Uniform Sizing Table  
Check One Box For Each Uniform Item Below

SOCKS:

Small

Medium

Large

YOUTH SIZES

ADULT SIZES

Jersey Size	Small	Medium	Large
	6 - 8	10 - 12	14 - 16

Small	Medium	Large	X-Large
34 - 36	38 - 40	42 - 44	46 - 48

Chest size in inches

Shorts Size	Small	Medium	Large
	16 - 18	20 - 22	24 - 26

Small	Medium	Large	X-Large
28 - 30	32 - 34	36 - 38	40 - 42

Waist size in inches

Waist size in inches

\*\*\*\*\* MUST READ AND SIGN TO PARTICIPATE \*\*\*\*\*

**Release of Liability:** Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the above-named player for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and facilities utilized for the league/tournament/field day activities against any claim by or on behalf of the player as a result of the player's participation.

**Code of Conduct:** I verify that I have received, read, and agree to abide by the GYSL Code of Conduct. I understand failure to abide by these regulations could result in fines, suspension, or expulsion from the Gates Youth Soccer League.

\_\_\_\_\_ Player (ONLY if 18 or older)

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Guardian

\_\_\_\_\_ Date

**Please Note:** If a participant DROPS OUT of the GATES YOUTH SOCCER LEAGUE, INC., there will be **NO REFUNDS**

Initial

**Notice: \$20.00 service fee for all returned checks**

**Registration Fees:** Dec 1 – Feb 25 \$80.00  
 After Feb 25 \$90.00

*Registrations AFTER 3/1 accepted only on an as needed basis*

If you are registering 3 or more children, please deduct \$5.00 for each child

Total Amount Received \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Check Amount \_\_\_\_\_

How many players is the check for? \_\_\_\_\_

Check Received by: \_\_\_\_\_

Please return the completed Registration Form with your check made out to the Gates Youth Soccer League  
 Mike Branciforte  
 27 Shadywood Drive  
 Rochester, New York 14606  
 Email: gatessoccer@yahoo.com