20____ Gates TRAVEL Soccer League, Inc. Registration Form

Players may not practice until they have fully registered with the league

Boy Girl		Age Group	House Travel
	U		T

or Register on line at www.gatessoccer.com

Coach		
Dual Rostered	Y	N

(circle one)

(Please Print Clearly)

Is this a change in address or phone # ? Y N (circle one)

Player Name: First Name _____ Last Name _____

Sex: M F (circle one) **Birth Date** Month ____ Day ____ Year ____

585 - _____ Phone Number _____ Email Address

Address: No. _____ Street Name _____ City _____ Zip Code _____

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

Birth Certificate on File? ____ Birth Certificate Provided? ____

I / WE have read the RDYSL Zero Tolerance Policy @ rdysl.com
and agree to all the conditions set forth in the Code Of Conduct in order to participate in the 2012 Season.

I / We also agree that the Gates Soccer League, Inc. and all official personnel designated to act on its behalf, are released from ar and all liability, to the extent not covered by insurance presently in effect, resulting from damages or injuries incurred while participating in League activities.

Please sign: _____ Player _____ Date

_____ Parent or Guardian _____ Date

Please Note:

Initials ____

In the event that a participant DROPS OUT of the GATES YOUTH SOCCER LEAGUE, INC., there will be NO REFUNDS!

TRAVEL team players who are cut/drop from travel and move to house, will be refunded the difference between the House and Travel fees. Players that quit the team and do not move to the house program *may* be eligible for a partial, prorated refund

Registration Fees:

$240 Through 11/30/11

$300 After 11/30/11

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

Total Amount Received	$	Check Number		Check Amount	

Check Received by: _____

Notice: $20.00 service fee for all returned checks

Make Checks Payable to Gates Youth Soccer

Mail to: Mike Branciforte, 27 Shadywood Dr, 14606