

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N
Y	N		

(circle one)

(Please Print Clearly)

Is this a change in address or phone # ?			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N
Y	N		

(circle one)

Player Name:

First Name

Last Name

Sex:

M

F

Birth Date

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(circle one) 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 2005 Season.

I / We also agree that the Gates Soccer League, Inc. and all official personnel designated to act on its behalf, are released from any
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:

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

Initials

Registration Fees: **\$200** Through 11/30/09
 \$250 After 11/30/09

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

Total Amount Received	\$	Check Number	Check Amount
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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