

Greece Boys Soccer League Registration

3177 Latta Rd. PMB 127 Rochester, NY 14612

Voice Mail: (585) 234-4404 / www.GreeceBoysSoccer.org

GBSL Requirements & Info:

- ❖ Registrant must be a Greece, NY resident
- ❖ Proof of age is required for all boys who did not play in the league in the previous year. Enclose a copy of birth certificate with this registration.
- ❖ All new registrants must enclose a copy of their birth certificate
- ❖ The 2010 GBSL Registration fee is \$75.00
- ❖ The 2010 Late Registration fee (after February 15th, 2010 / One late fee per family) is \$95.00
- ❖ There will be a \$20.00 fee for all checks returned for non-sufficient funds.
- ❖ Make checks payable to: Greece Boys Soccer. Mail to address above.
- ❖ A portion of the fees provides supplementary medical and dental insurance through the NYS Youth Soccer Association.
- ❖ A portion of the fees is paid to the Town of Greece and Greece Central School District for field usage.
- ❖ Teams will be assigned by the league based on registrants address.
- ❖ NO special requests will be honored.

Age Group	Birth Date	Game Night	Comm.
16 - 18	8/01/91 - 7/31/94	Mon. / Wed.	Al Mallett
13 - 15	8/01/94 - 7/31/97	Mon.	Al Mallett
11 - 12	8/01/97 - 7/31/99	Tue.	Tammy Englert
9 - 10	8/01/99 - 7/31/01	Wed.	Mark Leibenguth
7 - 8	8/01/01 - 7/31/03	Mon.	T & S Englert
5 - 6	8/01/03 - 7/31/05	Thurs.	Ken Zodarecky

Please Print Legibly

Child Info:	
Child's Full Name:	
Birth Date:	
Did your child play in the league in the previous year? Yes No	
Please circle uniform size: (GBSL is not responsible if parents order the wrong size)	
Shorts: YS YM YL AS AM AL AXL	
Jersey: YS YM YL AS AM AL AXL	
Please Note: Trophies will be awarded at the end of the season to each boy completing the schedule.	
Parental Info:	
Mothers Name:	Email Address:
Home Phone:	Cell Phone:
Fathers Name:	Email Address:
Home Phone:	Cell Phone:
Address:	Zip Code:
Would you be willing to coach or assistant coach? Yes No	
Is there a coach you do NOT want your son to play for? If so, who?	
I hereby give permission for my child to participate in the Greece Boys Soccer League recreational soccer program. To the best of my knowledge my child is in good physical condition. I understand that neither the Town of Greece, Greece Central School District, nor the Greece Boys Soccer League or any of its volunteer members or officials will be held responsible for any injury that might occur to my child, and agree to the same. I understand that my child's membership in the league may be revoked without compensation if I or any family member or friend fails to obey any directive made by league officials or referees.	
Signature of parent or guardian:	Date: