

2008 GREECE BOYS SOCCER LEAGUE REGISTRATION

VOICE MAIL # 234-4404

www.GreeceBoysSoccer.org

You must be a Greece NY USA resident to register.

Mail to: Greece Boys Soccer League

3177 Latta Rd.

PMB 127

Rochester, NY 14612

2008 Season Greece Boys Soccer League Registration fee is \$75.

2008 Late Registration fee (After Dec. 01, 2007) is \$85. (One late fee per family.)

Make checks payable to Greece Boys Soccer.

Proof of age is required for all boys who did not play in the league in 2007.

New players who register by mail must include a copy of birth certificate.

(There will be a \$20 fee for checks returned for non-sufficient funds)

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. These fees are not refundable after registration. Trophies will be awarded at the end of the season to each boy completing the schedule.

Teams will be assigned by the league based on address. No special requests will be honored.

Age Group:	16-18	13-15	11-12	9-10	7-8	5-6
Birth Dates:	8/1/89-7/31/92	8/1/92-7/31/95	8/1/95-7/31/97	8/1/97-7/31/99	8/1/99-7/31/01	8/1/01-7/31/03
Game Night:	Mon/Wed	Monday	Tuesday	Wednesday	Monday	Thursday

Please Print:

Child's Name: _____ Birth Date: _____

Address: _____ Zip Code: _____ Home Phone: _____

Did your child play in the league in 2007? _____

Would you be willing to: Coach? _____ Assistant Coach? _____ Name: _____

Parent Names: _____ Name: _____ Name: _____

Parent E-Mail Address: _____ E-Mail: _____ E-Mail: _____

Is there a Coach you **DO NOT** want your son to play for? _____ Name: _____

Please circle uniform size: (The league is not responsible if parents order the wrong uniform size.)

SHORTS: YS YM YL AS AM AL AXL

JERSEY: YS YM YL AS AM AL AXL

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: _____

League Use Only:

BIRTH DATE _____

AGE GROUP _____

REG NO _____