

# Town of Avon Recreation

## Girls Modified Indoor Soccer

The Avon Girl's Indoor Soccer team is open to girls enrolled in 7<sup>th</sup> & 8<sup>th</sup> grade.

Forms will be accepted at the Town Hall until December 9<sup>th</sup> 4:00PM  
\*\*\* No late registration will be accepted \*\*\*

**DETAILS:** Mr. Paylor is coaching this team. They will practice twice a week and participate in tournaments.

**COST:** Undetermined right now but will include a performance t-shirt and tournaments that are scheduled. There is a \$25.00/player non-refundable deposit (will be deducted from the total cost when figured out). The cost per tournament will be determined by the number of players on the team.

**DATES, TIME & LOCATION:** December /January – February/March - practice times still TBD

**EQUIPMENT:** Must provide own shin guards, water bottle and soccer ball.

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\*\*\*Please fill out one form PER FAMILY. Use additional forms, if necessary\*\*\*

Parent/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

\*\*\*\* Uniform sizes available: YM, YL, AS, AM, AL \*\*\*\*

Name: \_\_\_\_\_ M F DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_ Grade Sept. '16: \_\_\_\_ Uniform Size \_\_\_\_\_

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Medical Insurance: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

Please describe any physical limitations, allergies or medical concerns for your child:  
\_\_\_\_\_

I/We the parents or guardians of the participant in the Avon Girls Indoor Soccer, give permission for my son/daughter to participate in any and all activities. To the best of my knowledge, my child/children is/are physically and mentally fit to participate in this program. Recognizing the possibility of physical injury associated with this program, I hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated municipalities, employees and associated personnel, including the owners of the facility, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program whether the result of negligence or for any other cause

Signature of Parent/Guardian Required: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_ Checks Payable: AVON RECREATION, Check# \_\_\_\_\_ Cash \_\_\_\_\_

Sponsored by Town of Avon Recreation Program, 23 Genesee Street, Avon, New York 14414  
Questions or comments email Town of Avon Recreation at [toarec@frontier.com](mailto:toarec@frontier.com)  
Board Members: Kim McDowell, Allison Hayes, Heather Burke, Emily Cosimano, Kelly Montague  
[www.avon-ny.org](http://www.avon-ny.org)