

Avon Youth Fall Travel Soccer 2017 (Boys & Girls)

Registration: Forms will only be accepted at the Town Hall
NO FORMS WILL BE ACCEPTED AFTER AUGUST 4TH 4:00pm

The Avon Fall Travel Soccer Program is open to youth entering 3rd and no older than entering 6th grade for the 2017-2018 school year.

COST: \$50.00 for all players (includes Tek uniform shirt, league fees and insurance)

Payment due at time of registration.

DATES: Practice will start mid August and season will end mid October – depending on weather

PRACTICES: Practices at Avon Driving Park mid August – days and times determined by each coach

GAMES & LOCATIONS: Starting beginning of September through mid October – Saturday & Sundays
New Life Church (3100 Rochester Road in Lakeville), SUNY Geneseo or York

EQUIPMENT: Must provide own shin guards, water bottle and age appropriate soccer ball

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: _____

Please volunteer: () Coach ***We need volunteers to keep the program running – Thank You!***

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

Name: _____ M F DOB: __/__/__ Age: ____ Grade Sept. '17: ____ 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 Fall Travel Soccer League, 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
Board Members: Kim McDowell, Allison Hayes, Heather Burke, Emily Cosimano, Kelly Montague
www.avon-ny.org