

Avon Youth Boys/Girls Summer Soccer Camp 2024

***** FORMS TURNED INTO THE TOWN OF AVON ***
23 GENESEE STREET**

**PLEASE COMPLETE REGISTRATION FORMS BY
JUNE 28TH 4:00pm**

Forms submitted after 6/28 are subject to not receiving a t-shirt

**Varsity Boy's Coach Tony Patti and Former Varsity Girl's Coach Kate Bennetti along with
Avon soccer athletes will be hosting a summer soccer camp
for students entering 2nd – 6th grades in the 2024–2025 school year**

COST: \$45.00 per participant which includes a t-shirt. Payment due at time of registration.

DATES: July 29th – August 1st (rain make up day will be August 2nd) from 6:00-7:30PM

CAMP LOCATION: Avon Central School Stadium (turf field)

**EQUIPMENT: Must provide own shin guards, water bottle, and soccer ball (size 4) if you have one. If
you do not have a soccer ball there will be ones there for your use.**

*****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: _____

****** T-Shirt sizes available: YS, YM, YL, AS, AM, AL ******

Name: _____ M\F DOB: __/__/__ Age: ____ Grade Sept. '24: ____ T-Shirt Size _____

Name: _____ M\F DOB: __/__/__ Age: ____ Grade Sept. '24: ____ T-Shirt Size _____

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: TOWN OF 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 recreation@avon-ny.gov
Board Members: Emily Cosimano, Kelly Greenway, Allison Hayes, Kelly Montague, Jody Rumfola
www.avon-ny.org