

# Avon Youth Fall Travel Soccer 2016 (Boys & Girls)

**Registration: Forms will only be accepted at the Town Hall**  
**NO FORMS WILL BE ACCEPTED AFTER JULY 15<sup>TH</sup> 4:00pm**

The Avon Fall Travel Soccer Program is open to youth entering 3<sup>rd</sup> and no older than entering 6<sup>th</sup> grade for the 2016-2017 school year.

**COST:** \$70.00 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

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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: \_\_\_\_\_

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. '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 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](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)