

PARENT/GUARDIAN _____ Child's Name _____
ADDRESS _____
CITY/TOWN _____ Birth date _____
STATE _____ ZIP _____ PARENT WILLING TO COACH A TEAM _____

T- SHIRT SIZE Youth S M L
Adult S M L XL
circle shirt size please

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

GRADE IN SEPTEMBER _____

Township of residence _____

Child's years of experience _____
Conflict nights ONLY _____

Special Medical Information _____



WAIVER OF RESPONSIBILITY

I certify that the above named was born on the date stated and has permission to participate in the Avon Grove Recreation Association Fall Soccer program. I hereby accept full responsibility for this participation. I waive and release any and all claims for damages against the sponsoring organization of whatsoever kind, their agents or representatives, for any and all injuries sustained while participating in the Avon Grove Recreation Association Fall Soccer Program. By my signature, I hereby acknowledge reading and understanding the implications of this clause.

NAME OF ACCIDENT & HEALTH INSURANCE CO. _____

SIGNATURE OF PARENT/GUARDIAN _____

Please explain any medical conditions (example: Osgood Schlatter's Syndrome, asthma, etc) that might effect the participant during the soccer program.



NOTICE: This activity is not a school district activity and is not sponsored by or endorsed by the Avon Grove School District. Any school district employees participating in this activity are doing so in their individual capacities and not as employees or agents of the school district. No student is required to participate in this activity and participation shall be voluntary. The school district has no control over or responsibility for this activity.

NOTICE: This activity is not sponsored or endorsed by the Avon Grove Charter School. The views expressed at this event are those of the organizer/presenter and do not necessarily reflect the views of the AGCS. Any AGCS employee participating in this activity is doing so in his/her individual capacity and not as an employee or agent of AGCS.

AVON GROVE RECREATION ASSOCIATION 2023 ALL GIRLS FALL SOCCER PROGRAM



Avon Grove Recreation Association will be offering an ALL girls soccer league. Games will be played on Saturday during September and October with one night a week practice. That practice could be any day Monday up to and including Friday. If your child practiced on a certain day last year, does not mean they would have that same practice day again this year. If your child has a conflict on a particular night, please indicate on the registration form on the other side. The teams will be divided into three divisions:

Girls Elementary Kindergarten, First, and Second Graders in September
Girls Junior Third, Fourth, Graders in September
Girls Senior Fifth, Sixth, Seventh, & Eight Graders in September
Girls League configuration may change in order to provide this program

Players are divided between teams in order to make all teams competitive. Practice will begin in September. Your coach will notify you as to what team you will be on, practice times, and game schedule. Once the teams are made up and in the hands of the coaches there will be NO trades for any reason. **NO car pools will be honored.**

Non AGRA member fees:	One child	\$90	AGRA member fees:	one child	\$80
	Two children	\$160		Two children	\$145
	Three children	\$220		Three children	\$200

If interested in playing, complete the sign up form, enclose a check payable to AGRA, and mail to AGRA, P.O. Box 638, Avondale, PA 19311 or sign ups at the Fred S. Engle Middle School gym lobby area on June 3rd and 10th from 9 AM to 10:30 AM.

There is a non-refundable deposit of \$10 included in your fall soccer fee. Full fee becomes non-refundable when coaches receive their team rosters.

The success of this league is dependent on voluntary help. Any volunteer coach or assistant must have their clearances. If there are not enough volunteer coaches, AGRA will be limited to what we can offer to the children of the community. If you are interested in coaching, please indicate same on the form below. No experience necessary just a desire to work with children.

Please **ONE** form per child.

In order to assure your child a place on a team, your child's registration form must be received by July 31st.

Brooke Smith, Director

Cheryl Doyle, Coordinator. 610.869.0779 Mon-Fri 9 AM to 6 PM
email - agra638@comcast.net

