Town of Avon Recreation
Boys/Girls Travel Basketball 2026-2027
Grades 3rd – 6th

The Avon Travel Basketball Program (Liv Co GLOW League) is open to boys/girls enrolled in grades 3-6. Registration form and money are due to the Avon Town Offices by

Friday 11/13/26 by 4:00 PM

DUE TO LEAGUE DEADLINES NO LATE REGISTRATIONS WILL BE ALLOWED

COST: $75.00 per child (includes jersey, league fees, and referee fees)

PROGRAM DATES: December 2026 – March 2027

PROGRAM TIMES & LOCATION: PS/MS Gym – Days/Time TBD (practices typically 1-2 times per week)

GAMES: Saturday's or Sunday's - there will be home & away games. Game schedules will be completed by the end of December and communicated by the team Coach.

IF YOU ARE INTERESTED IN VOLUNTEERING TO COACH, PLEASE LET US KNOW

*****Please fill out one form PER FAMILY and write legibly*****

Parent/Guardian: _____ Cell Phone: _____

Street Address: _____City, Zip: _____

Email: _____

Emergency Contact & Phone Number: _____

****** Jersey sizes available: YS, YM, YL, AS, AM, AL ******

Interested in coaching? **If yes, please write your name and contact info here:_____**

Name:_____ DOB: __/__/__ Age: ____ Grade: ____ Jersey Size: _____

Name:_____ DOB: __/__/__ Age: ____ Grade: ____ Jersey Size: _____

Name:_____ DOB: __/__/__ Age: ____ Grade: ____ Jersey Size: _____

Medical Insurance: _____Policy/ID#:_____

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

_____

On Facebook? Join our Town of Avon Recreation Facebook page for news and updates!

I/We the parents or guardians of the participant in the Town of Avon Recreation Travel Basketball Program, 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 recreation@avon-ny.org
Board Members: Emily Cosimano, Kelly Greenway, Allison Hayes, Kelly Montague, Callum Pollock
www.avon-ny.org