



**YORKVILLE  
BASEBALL ACADEMY**



421 East 106<sup>th</sup> Street (Entrance on First Avenue)

New York, NY 10029

347-441-3029 or 212-360-0022

### **Yorkville Baseball Academy After School Program 2017-2018**

A comprehensive skills and drills program will be covered during each session. Participants can have snack upon arrival and if time allows, homework can be started prior to our 4:00pm start time. Each week through drills and game play a new skill will be introduced, while reviewing the previous week's implementation.

#### **Sessions**

- Fall Session – September 27, 2017 thru November 17, 2017
- Winter Session – December 5, 2017 thru March 1, 2018
  - Spring Session – April 10, 2018 thru June 7, 2018

#### **Programs Day Options**

Tuesday, Wednesday, or Thursday - Grades K-5

**Times: 3:30PM Academy Drop Off, 4:00pm Academy Activities, 6:00pm – 6:30pm Home Drop Off.**

#### **Transportation Included!!!**

**Transportation included from school to gym, then your home (some restrictions apply based on location).**

**School and home must be on the east side between 63<sup>rd</sup> Street and 96<sup>th</sup> Street.**



# YORKVILLE BASEBALL ACADEMY



## Yorkville Baseball Academy After School Program 2017-2018

### **Please choose session and day(s) of the week:**

Must sign up for full session (cannot choose single dates). On School Half-Days, we will operate the program at the normal time

### **Fall Session – September 26, 2017 thru November 15, 2017**

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#### **Tuesdays \*\*GIRLS ONLY – SOFTBALL\*\***

Sept. 26 Oct. 3, 10, 17, 24, 31 Nov. 14 – 7 Dates = **\$595**

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#### **Wednesdays**

Sept. 27 Oct. 4, 11, 18, 25 Nov. 1, 8, 15 – 8 Dates = **\$680**

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#### **Thursdays**

Sept. 28 Oct. 5, 12, 19, 26, Nov. 2, 9 - 7 Dates = **\$595**

### **Winter Session – December 5, 2017 thru March 1, 2018**

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#### **Tuesdays GIRLS SOFTBALL / BOYS BASEBALL – Separate Coach for Girls and Boys**

Dec. 5, 12, 19, Jan 2, 9, 16, 23, 30 Feb. 6, 13, 27 - 11 dates = **\$935**

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#### **Wednesdays**

Dec. 6, 13, 20, Jan. 3, 10, 17, 24, 31 Feb. 7, 14, 28 – 11 dates = **\$935**

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#### **Thursdays**

Dec. 7, 14, 21 Jan. 4, 11, 18, 25, Feb. 1, 8, 15, Mar. 1 – 11 dates = **\$935**

### **Spring Session – April 9, 2018 thru June 7, 2018**

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#### **Tuesdays GIRLS SOFTBALL / BOYS BASEBALL – Separate Coach for Girls and Boys**

Apr. 10, 17, 24 May 1, 8, 15, 22, 29, June 5 – 9 dates = **\$765**

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#### **Wednesdays**

Apr. 11, 18, 25, May 2, 9, 16, 23, 30 June 6 – 9 dates = **\$765**

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#### **Thursdays**

Apr. 12, 19, 26, May 3, 10, 17, 24, 31, June 7 – 9 dates = **\$765**

## **Transportation Included!!!**

Transportation included from school to gym, then your home (some restrictions apply based on location).  
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# YORKVILLE BASEBALL ACADEMY



## Yorkville Baseball Academy After School Program 2017-2018

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_

Parent 1 Work \_\_\_\_\_ Parent 2 Work \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Signature \_\_\_\_\_

*The following people are permitted to pick my child up from after school:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return completed application to:

YYAA

P.O. Box 1556

New York, NY 10028

**Please note: No refunds, credits, or transfers at any time**

Please return this form with payment to:

Yorkville Youth Athletic Association, P.O. Box 1556, New York, NY 10028.

Yorkville Youth Athletic Association AFTER SCHOOL

**CHILD'S HISTORY – HEALTH INVENTORY**

MEDICAL HISTORY – Please describe any accidents, operations or hospitalizations:

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COMMUNICABLE DISEASES – Please check those which your child has contracted:

\_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ Mumps Others \_\_\_\_\_

\_\_\_ Whooping Cough \_\_\_ Rubella (German Measles)

CHRONIC CONDITIONS – Please check those which your child suffers from:

\_\_\_ Allergy (Food) \_\_\_ Diabetes \_\_\_ Sickle Cell Diseases

\_\_\_ Allergy (Drug) \_\_\_ Epilepsy \_\_\_ Others \_\_\_\_\_

\_\_\_ Rashes \_\_\_ Heart Disease \_\_\_\_\_

\_\_\_ Asthma \_\_\_ Rheumatic Fever \_\_\_\_\_

\_\_\_ Convulsions \_\_\_ Breathing Difficulties \_\_\_\_\_

If you checked any of the above please give details:

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Is your child taking any medications regularly? \_\_\_ If so, which one(s) \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_ Frequent Colds \_\_\_ Vision Difficulties \_\_\_ Easily Angered

\_\_\_ Frequent Sore Throats \_\_\_ Hearing Difficulties \_\_\_ Worries a lot

\_\_\_ Frequent Ear Infections \_\_\_ Speech Difficulties \_\_\_ Tantrums

\_\_\_ Running Ears/Earaches \_\_\_ Frequent Urination \_\_\_ Many Fears

\_\_\_ Nosebleeds \_\_\_ Behavioral Concerns \_\_\_ Shyness

\_\_\_ Toothaches \_\_\_ Sleeping Problems \_\_\_ Excitable

\_\_\_ Pain in legs/joints \_\_\_ Eating Problems \_\_\_ Bed Wetting

COMMENTS \_\_\_\_\_

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Has Child attended after school programs previously? \_\_\_ Yes \_\_\_ No

Please feel free to use the reverse side of this page to tell us anything else we should know about your child

Please also fill out Release Statement



**YORKVILLE  
BASEBALL ACADEMY**



## Yorkville Youth Athletic Association

### Release Statement

2017 – 2018

#### Release Statement:

I, the parent/guardian of \_\_\_\_\_, do hereby give my approval for him/her to participate in any and all activities of the Yorkville Youth Athletic Association and agree to abide by all rules and regulations of the institution. I assume all risks and hazards incidental to such participation in these activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Yorkville Youth Athletic Association and its staff, the Board of Directors of The Yorkville Youth Athletic Association, officers, directors, organizers, sponsors, supervisors, participants, trainers, independent contractors, agents, representatives, all persons transporting my child/dependent to and from activities, the City of New York, New York City's Department of Parks and Recreation, and their respective officials, from any claims, loss, liability, expense or damage arising out of an injury to my child/dependent, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I understand that this release applies to both future and present injuries, damages or loss and is binding on the Player and the Players heirs, executors and administrators.

I understand that the Player may be photographed and/or videotaped during participation in YYAA and hereby grant YYAA permission to use the Players likeness in photographs and/or video in any and all of its publications and in any and all other media.

I have been made aware that YYAA's concussion awareness policy can be found on their website, [www.yyaa.org](http://www.yyaa.org) in the FAQ section.

I also understand that the Yorkville Youth Athletic Association has a no refund, no transfer, no credit policy for any reason at any time for any program. Times and locations are subject to change.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_