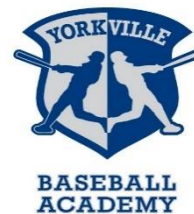




YORKVILLE BASEBALL ACADEMY



YBA Hitting Program - Spring 2020



Ages

6 to 15

Dates

April 18, 25, May 2, 9, 16, 2020

Times

Please check session attending

____ Session 1 – Ages 6 to 10 - 2:30 to 3:30pm

____ Session 2 – Ages 11 to 15 - 3:30 to 4:30pm

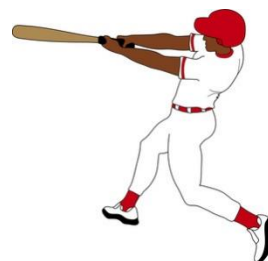
Cost

\$215 (non-refundable/transferable)

Location

Yorkville Baseball Academy (106 St & 1st Avenue)

Maximum of 6 players and 1 instructor per group. Max 2 groups per session



YBA Baseball Hitting Training Program will comprehensively cover the mechanics of hitting, we will use proven drills that are fun but will also instill the many muscle memory skills needed to be successful. These sessions will be a great way to keep the player playing well throughout the Spring season.

Player's Name: _____ Age: _____

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Email 1: _____ Parent Email 2: _____

Telephone (home): _____ Telephone (Cell) _____

Telephone (work): _____ School: _____

**Please register online at www.yyaa.org. If you have any further questions please call our office at 212-360-00223
You may mail this form back with payment to YYAA, PO Box 1556, New York, NY 10028**

* *Please fill out reverse side * *

Yorkville Youth Athletic Association

Release Statement

2020

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 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: _____