



YORKVILLE YOUTH ATHLETIC ASSOCIATION



Summer Day Camp

at

Gate Hill

Get out of the city and enjoy a true summer camp experience at Gate Hill Day Camp in Stony Point, NY. Campers will be picked up at home and travel daily with dedicated Yorkville staff to Gate Hill's first-rate facility on 33 acres. Experience sports, swimming, arts, and other exciting activities every day during this fun-filled week of camp.



Dates

Monday, August 12, 2019 to Friday, August 16, 2019

Participants

Boys, ages 6 to 11 years old



Transportation

Transportation included from home to camp and then return to home.
Home must be on the east side between 63rd Street and 96th Street
OR on the west side above 72nd Street.

Approximate pick-up time: 8am; Approximate drop off time: 5pm.



Cost

\$700.00 (non-refundable/transferable)

Deposit of \$350 is due May 10, 2019 along with completed medical form

Balance of \$350 is due by June 28, 2019

Visit Gate Hill's website to view this wonderful camp. <https://gatehilldaycamp.com/>
For more information please call Arlene at 212-360-0022 or email her at Arlene@yyaa.org

Please register online at YYAA.org or you may mail this form in with payment to:
YYAA PO Box 1556, New York, NY 10028

Name: _____

School: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

YORKVILLE YOUTH ATHLETIC ASSOCIATION, Summer Day Camp

CHILD'S HISTORY – HEALTH INVENTORY

To be completed by parent or guardian:

Child's Name _____ Birth Date _____ Sex _____

Address: _____ Apt. _____ Zip _____

Home Phone _____ E-Mails _____

Father Cell _____ Mother Cell _____

Father Work _____ Mother Work _____

Parents Names: _____ Sitters Name/ Cell _____

Emergency Contact: Name _____ Phone _____

Name _____ Phone _____

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

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: _____

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 _____

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 Youth Athletic Association

Release Statement

2019

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 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 _____