



YORKVILLE YOUTH ATHLETIC ASSOCIATION



GAGA TOURNAMENT

DATE

Sunday, December 15, 2019

TIME

9:00am – 11:30am

GRADES

2 & 3

(must be in these grades)

LOCATION

Yorkville Baseball Academy

106 St & 1 Ave

COST

\$175 per team. Make your own team of 7 players. 6 teams max / 4 team minimum

Contact Name: _____ Contact Phone # for the team _____

Players 1) _____ Parent email _____

2) _____ Parent email _____

3) _____ Parent email _____

4) _____ Parent email _____

5) _____ Parent email _____

6) _____ Parent email _____

7) _____ Parent e mail _____

REGISTRATION

Online at YYAA.org or you may mail this form back with payment to: YYAA PO Box 1556 New York,
New York 10028

Must fill out waiver on reverse side



Yorkville Youth Athletic Association

Release Statement

2019-20

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: _____