

YORKVILLE YOUTH ATHLETIC ASSOCIATION

presents

The P.S. 183 After School Sports Program 2019-2020

The Yorkville Youth Athletic Association will offer structured recreational and academic activities, between the hours of 3:00 PM and 6:00 PM (late fees after 6pm) on Monday, Wednesday, Thursday, and Friday that will promote healthy lifestyle choices, offer sports and fitness instruction, and encourage positive youth development.

Activities will include sports skills and drills instruction, as well as games. Students will also learn the rules of each sport that is offered. Sports instruction will be seasonal and we will highlight various sports each cycle. Sports played will include, but are not limited to basketball, hockey, soccer, touch-football, baseball, and kickball among others.

Open to Pre-K through 5th Grade.

Snack will be provided each day at no additional cost.

Dates (Two Cycles): *Cycle 1: September 9, 2019 – January 24, 2020*

Cycle 2: January 27, 2020 – June 19, 2020

Costs:

Parents may enroll their child for as many days per week that they are in need of this service. The costs for the program are as follows:

<i>1 day</i>	<i>\$575/cycle</i>
<i>2 days</i>	<i>\$1,100/cycle</i>
<i>3 days</i>	<i>\$1,600/cycle</i>
<i>4 days</i>	<i>\$2,075/cycle</i>

Full Payment required at the beginning of each cycle. No refunds, transfers, or credits.

Questions please call 212 360-0022 or e-mail Arlene

Drop-ins are welcome. Cost is \$50 per day for drop-ins. This payment is for the drop-in day only and cannot be applied toward daily tuition payment.

There will be no YYAA after school program when schools are closed or on school half-days.

**The P.S. 183 After School Sports Program Application
2019-2020**

Child's Name: _____

Grade: _____ **Classroom:** _____ **DOB:** _____

Cycle:

____ Cycle 1: *September 9, 2019 – January 24, 2020*

____ Cycle 2: *January 27, 2020 – June 19, 2020*

Day(s):

____ Monday

____ Wednesday

____ Thursday

____ Friday

Parent's Name: _____

Parent's e-mail: _____

Address: _____

Telephone (home): _____ **Telephone (work):** _____

Telephone (cell): _____

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

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Please return this form with

I understand that YYAA has a no-refund, no-transfer, no-credit policy (please sign below)

Parent Signature: _____ **Date:** _____

For more info call Arlene Virga at (212) 360-0022 or via e-mail at Arlene@yyaa.org

YORKVILLE YOUTH ATHLETIC ASSOCIATION, AFTER SCHOOL AT P.S. 183

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
2019-2020

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 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 _____