

YORKVILLE YOUTH

ATHLETIC ASSOCIATION

Sunday Basketball Program 2019-2020

Grade 2 – Grade 8

Sundays - December 8, 2019 –
March 8, 2020

Skipping 12/22, 12/29, 2/16

Grades 2-4: 12:00pm – 1:30pm

Grades 5-8: 1:30pm – 3:00pm

H.S. Clinic 3:00pm – 4:30pm

Program Fee

IF PAID BEFORE OCTOBER 31: \$350.00
AFTER OCTOBER 31: \$385.00

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Loyola High School – 83rd Street & Park Avenue

Please include check, application and release.

Player's Name _____ Birth date _____ Grade/Sept. 2019 _____

School _____ Parent's Name _____

Parent's Email 1 _____ Parent's Email 2 _____

Address _____ Apt # _____ City: _____ State: _____ Zip: _____

Telephone(#1) _____ Telephone(#2) _____

Parent Signature: _____

Have you played with us before? _____ YES _____ NO

How did you hear about YYAA? _____

Please return this form with a check to Yorkville Youth Athletic Association,
PO Box 1556, NY, NY 10028

Contact: (212) 360-0022; info@yyaa.org

Please note: no refunds, transfers or credits at any time.

Times/locations subject to change, YYAA cannot be held responsible for such changes.

Yorkville Youth Athletic Association
Waiver/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 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 _____