

W17/18

YORKVILLE YOUTH

ATHLETIC ASSOCIATION

1968 50 2018

Co-Ed Winter Indoor Soccer 2017 – 2018

Saturday and Sunday Available

Pre K (4's and 5's) – Grade 5

Saturdays, December 9, 2017 – March 3, 2018

And/or

Sundays, December 10, 2017 – March 4, 2018

Skipping 12/23 & 12/24, 12/30 & 12/31, 2/17 & 2/18

Check Saturday and/or Sunday below.

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_____ Saturdays – PS 267 (E 63 Street between 2nd & 3rd)

_____ Sundays – PS 267 (E 63 Street between 2nd & 3rd)

___ 10:00 AM -11:15 AM (Pre-K & K) ___ 11:45 AM – 1:00 PM (Grades 1 & 2)

_____ 1:15 PM – 2:30 PM (Grades 3-5)

Program Fee

In celebration of our 50 Years

This program's fee is \$50 off before October 31, 2017

IF PAID BEFORE OCTOBER 31: \$325.00

AFTER OCTOBER 31: \$375.00

Please include application, waiver, and check.

Name _____ Grade _____ School _____

Address _____ Apt _____ Zip Code _____

Day Phone _____ Cell Phone _____

Add'l Phone _____ Add'l Phone _____

E-mail 1 _____ Email 2 _____

Parent's Names _____

Parent's Signature _____

Mail to: Yorkville Youth, C/O Arlene Virga, P.O. Box 1556 New York, N.Y. 10028
Questions call Arlene Virga 212 360-0022.

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

Times may vary slightly depending on enrollment.

Yorkville Youth Athletic Association
Waiver/Release Statement
2017-2018

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 _____