YORKVILLE YOUTH ATHLETIC ASSOCIATION

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Soccer
Advanced Clinic
Spring 2019



Sundays, April 7, 2019 – June 2, 2019

No program 4/21 & 5/26



Randall's Island Fields 6 - 5pm to 6:30pm

In these sessions, Coach Matt will be working with those boys and girls in 6th through 8th grade who have played, or would like to play, competitive soccer and seek to gain the technical and tactical skills required for that next level of soccer.

Coach Matt is dedicated to helping young players reach their highest level of performance by focusing on and improving:

- Ball Control
- Basic Footwork
- Ball Striking, Receiving, and Heading
- Soccer Skills While Under Defensive Pressure
- Combination Plays
- Finishing
- Injury Prevention
- Soccer Specific Speed, Strength, and Agility

<u>Program Fee</u>

\$350.00

Please include check, application and release.

Player's Name		Birth date_		Grade/Sept. 2	2018
School		_Parent's Nam	ne		
Parent's Email 1 _		Parent's E	mail 2		
Address		_ Apt #	_City:	State:	Zip:
Telephone(#1)		_Telephone(#2	2)		
Parent Signature:					_
H	Have you played with	us before? _	YES	NO	
How did you hea	ar 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

Release Statement	RA	0200	State	mant
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I, the parent/guardian of	, do hereby give my
approval for him/her to participate in any and al	
Athletic Association and agree to abide by all ru	ıles and regulations of the
institution. I assume all risks and hazards incide	ental to such participation in these
activities, and I do hereby waive, release, absol	ve, indemnify, and agree to hold
harmless the Yorkville Youth Athletic Association	on and its staff, the Board of
Directors of The Yorkville Youth Athletic Associ	ation, officers, directors, organizers,
sponsors, supervisors, participants, trainers, inc	dependent contractors, agents,
representatives, all persons transporting my chi	ild/dependent to and from activities,
the City of New York, New York City's Departm	•
their respective officials, from any claims, loss,	
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 am	ount covered by accident or liability
insurance. I understand that this release applies	s to both future and present injuries,
damages or loss and is binding on the Player a	nd 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
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