

YORKVILLE BASEBALL **ACADEMY**



Mighty Mites Friday Baseball

Ages: 4 & 5

Cost

\$200/player /session \$380 if signing up for 2 sessions at same time (non-refundable/transferable)



Location

Yorkville Baseball Academy (106 St & 1st Avenue)

Time & Dates

Fridays 4:00pm - 5:00pm

Session 1 - Sept 13, 20, 27, Oct 4, 2019 (4 dates)

Session 2 - Oct 11, 18, 25, Nov 2, 2019 (4 dates)

This program will be an excellent introduction to the sport of baseball. Our players will learn the basic skills of the game through proven drills that will keep each player focused and active while having fun. We will use age appropriate equipment that will allow them to build confidence and in turn improve. Players will also learn eye-hand coordination and team work, while making new friends

Maximum 12 players per session – 6 players per instructor

| Please check your choice: Session 1 Session 2 | | | | |
|---|-------------------|--------|------|--|
| Player's Name: | Age: | | | |
| Parent's Name: | | | | |
| Address: | City: | State: | Zip: | |
| Parent Email 1: | Parent Email 2: _ | | | |
| Telephone (home): | Telephone (Cell) | | | |
| Telephone (work): | School: | | | |
| Have you played with us before? | YESNO | | | |
| How did you hear about YYAA? | | | | |

Please register online at www.yvaa.org. If you have any further questions please call our office at 212-360-00223 You may mail this form back with payment to YYAA, PO Box 1556, New York, NY 10028

Yorkville Youth Athletic Association

Release Statement 2019

| Release Statement: | |
|---|---|
| and all activities of the Yorkville Youth Athletic Association I assume all risks and hazards incidental to such participat indemnify, and agree to hold harmless the Yorkville Youth Yorkville Youth Athletic Association, officers, directed independent contractors, agents, representatives, all persons of New York, New York City's Department of Parks and I liability, expense or damage arising out of an injury to my cause, except to the extent and in the amount covered by account of the succession of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent and in the amount covered by account of the extent of the extent and in the extent of the extent | _, do hereby give my approval for him/her to participate in any n and agree to abide by all rules and regulations of the institution. ion in these activities, and I do hereby waive, release, absolve, Athletic Association and its staff, the Board of Directors of The ors, organizers, sponsors, supervisors, participants, trainers, a transporting my child/dependent to and from activities, the City Recreation, and their respective officials, from any claims, loss, hild/dependent, whether the result of negligence or for any other cident or liability insurance. I understand that this release applies is binding on the Player and the Players heirs, executors and |
| • • • • • | deotaped during participation in YYAA and hereby grant YYAA or video in any and all of its publications and in any and all other |
| I have been made aware that YYAA's concussion awaren FAQ section. | ess policy can be found on their website, www.yyaa.org in the |
| I also understand that the Yorkville Youth Athletic Associa at any time for any program. Times and locations are subje | ation has a no refund, no transfer, no credit policy for any reason ct to change. |
| Signature of Parent/Guardian: | Date: |