

W17/18

1968
YORKVILLE YOUTH 50
ATHLETIC ASSOCIATION 2018
2017-18 INDOOR SPORTS SUNDAY
SOCCER CLINIC

December 10, 2017 – February 25, 2018

(Skipping 12/24, 12/31, 2/18)

at

Stephen Gaynor School

West 90th Street between Columbus & Amsterdam Avenue



Grades 2 ~ 5
9:00am to 10:30am



Players are expected to wear Shorts, Shin Guards, Sneakers and the Shirt provided by YYAA for each weekly training session.

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

We anticipate a terrific turnout and hope you will join the fun.
Please complete waiver on back.

Please include application and check.
Registration fees are non-refundable, no credits, no transfers.

Name _____ Grade _____ School _____

Address _____ City, State Zip _____

Email address 1 _____ Email address 2 _____

Daytime Phone _____ Nighttime Phone _____

Add'l Phone _____ Add'l Phone _____

Parents' Names _____

Parents' Signature _____

Interested in Coaching? _____ (yes/no) (Must fill out Coaching Application)

W17/18



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 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 _____