

# YORKVILLE YOUTH

## ATHLETIC ASSOCIATION



YORKVILLE YOUTH ATHLETIC ASSOCIATION

### Soccer Advanced Clinic Fall 2019

For Grades 6 - 8

**Saturdays, September 7, 2019 – November 9, 2019**

**no program 9/21**

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**Randall's Island Field 82 – 11:00am to 12:30pm**

*In these sessions, Coach Matt will be working with those boys and girls in 6<sup>th</sup> through 8<sup>th</sup> 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

#### **Program Fee**

**IF PAID BEFORE JANUARY 31: \$350.00  
AFTER JANUARY 31: \$385.00**

**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

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](http://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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