



YORKVILLE YOUTH ATHLETIC ASSOCIATION



AUGUST SLEEPAWAY CAMP 2019

Ages 8 thru 14

A 5 day sleep-away camp at the beautiful Camp Pontiac in Copake, NY, dedicated to improving our young athletes while having a fun experience outside of New York City. These players will work on the basics of the below sports that will allow them to have a nice introductory experience. Time will also be spent on team building, speed, agility & conditioning exercises. This will be a great experience to try new sports as well as building teamwork and friendships at one of the country's foremost sleepaway camps.



- ♦ Sports offered – Baseball, Softball, Basketball, Lacrosse & Soccer
- ♦ Pro-Level Instructors
- ♦ Low player to coach ratio for best results
- ♦ Other Activities including swimming, arcade, gaga & movies
- ♦ Nurse on premise at all times
- ♦ Certified Life Guards at pool
- ♦ High Value at a Reasonable Cost
- ♦ All Meals & Transportation included



DATES

Monday, August 19, 2019 to Friday, August 23, 2019

MONDAY BUS DEPARTURE

8:00am

FRIDAY BUS DROP OFF

5:00pm to 5:30pm

86 St & 3 Ave (in front of Modell's)

Visit Camp Pontiac's website to view this wonderful camp. <http://www.camppontiac.com>
For more information please call Kiley at 212-360-0022 or email him at Kiley@yyaa.org

Please register online at YYAA.org

Must fill out reverse side

Player Name:_____ Date of Birth_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_____

Mother's Cell:_____ Father's Cell:_____

Mother's Work Phone:_____ Father's Work Phone:_____

Email:_____ Alt Email_____

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 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:_____

Please fill out medical form on next page

YORKVILLE YOUTH ATHLETIC ASSOCIATION

CHILD'S HISTORY – HEALTH INVENTORY

MEDICAL HISTORY – Please describe any accidents, operations or hospitalizations:

COMMUNICABLE DISEASES – Please check those which your child has contracted:

___ Chicken Pox ___ Measles ___ Mumps Others _____

___ Whooping Cough ___ Rubella (German Measles)

CHRONIC CONDITIONS – Please check those which your child suffers from:

___ Allergy (Food) ___ Diabetes ___ Sickle Cell Diseases

___ Allergy (Drug) ___ Epilepsy ___ Others _____

___ Rashes ___ Heart Disease _____

___ Asthma ___ Rheumatic Fever _____

___ Convulsions ___ Breathing Difficulties _____

If you checked any of the above please give details:

Is your child taking any medications regularly? _____ If so, which one(s) _____

COMMENTS _____

___ Frequent Colds ___ Vision Difficulties ___ Easily Angered

___ Frequent Sore Throats ___ Hearing Difficulties ___ Worries a lot

___ Frequent Ear Infections ___ Speech Difficulties ___ Tantrums

___ Running Ears/Earaches ___ Frequent Urination ___ Many Fears

___ Nosebleeds ___ Behavioral Concerns ___ Shyness

___ Toothaches ___ Sleeping Problems ___ Excitable

___ Pain in legs/joints ___ Eating Problems ___ Bed Wetting

COMMENTS _____

Emergency Contact Name: _____ Cell phone: _____

Please feel free to use the reverse side of this page to tell us anything else we should know about your child