

N17/18

YORKVILLE YOUTH

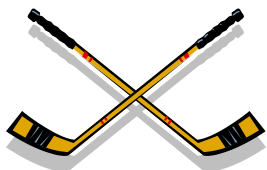
ATHLETIC ASSOCIATION

1968

50

2018

INDOOR FLOOR HOCKEY PROGRAM



SATURDAYS December 9, 2017 – March 3, 2018

(No program 12/23, 12/30, 2/17)

at

PS 267, 63rd Street between 2nd & 3rd Avenues



Fee: \$200.00 (sorry, no refunds, credits or transfers at any time)

For Boys and Girls in grades 2 – 6 (3 PM – 4:30 PM)

Name _____ Grade _____ School _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address (print clearly) _____

Parent's Names _____

Parent Signature _____

All necessary equipment is provided.

Mail to: Yorkville Youth Athletic Association, P.O. Box 1556, New York NY 10028

Questions please contact Arlene Virga at 212 360-0022 or yyaa14@aol.com. Please note that times and locations are subject to change.



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 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 _____