

YORKVILLE YOUTH

ATHLETIC ASSOCIATION

421 East 106th Street (Entrance on First Avenue)
New York, NY 10029
212-360-0022

Yorkville MULTI-SPORTS After School Program 2018-2019

Transportation Included!!!

**Transportation included from school to gym, then your home (some restrictions apply based on location).
School and home must be on the east side between 63rd Street and 96th Street.**

The perfect way for your children to have fun, stay fit, and make new friends after school. Each week students will participate in fun and exciting sports activities that will build confidence, strengthen social skills, and improve fitness. Participants can have snack upon arrival and if time allows, homework can be started prior to our 4:00pm start time. Sports will include basketball, hockey, flag-football, soccer, and baseball.

Sessions

- Fall Session – September 17, 2018 thru December 4, 2018
 - Winter Session – January 8 thru March 12, 2019
 - Spring Session – April 2, 2019 thru May 28, 2019

Program Day Options

Grades K-5
Tuesdays

**Times: 3:45PM (approx) Academy Drop Off, 4:00pm Academy Activities begin
5:55pm leave Academy to start home drop off.**



Yorkville MULTI-SPORTS After School Program 2018-2019

Please choose session and day(s) of the week:

Must sign up for full session (cannot choose single dates). On School Half-Days, we will operate the program at the normal time

Fall Session – September 17, 2018 thru December 4, 2018

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Mondays

Sept. 17, 24, Oct. 1, 15, 22, 29, Nov. 5, 12, 19, 26, Dec 3– 11 Dates = \$990

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Tuesdays

Sept. 18, 25, Oct. 2, 9, 16, 23, 30, Nov. 13, 20, 27, Dec 4 - 11 Dates = \$990

Winter Session – January 8, 2018 thru March 12, 2019

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Tuesdays

Jan. 8, 15, 22, 29, Feb. 12, 26, Mar. 5, 12 – 8 dates = \$720

Spring Session – April 1, 2019 thru June 11 2019

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Tuesdays

Apr. 2, 9, 16, 30, May 7, 14, 21, 28 – 8 dates = \$720

Transportation Included!!!

Transportation included from school to gym, then your home (some restrictions apply based on location).
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Yorkville Baseball Academy After

School Program 2018-2019

Child's Name: _____ Grade: _____

School: _____

School Address: _____

Parent's Name: _____

Parent's Email: _____

Address: _____ City: _____ St: _____ ZIP: _____

Parent 1 Cell: _____ Parent 2 Cell: _____

Parent 1 Work: _____ Parent 2: _____

Emergency Contact Name & Phone: _____

Signature: _____

The following people are permitted to pick my child up from after school:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return completed application to:

YYAA

P.O. Box 1556

New York, NY 10028

Please note: No refunds, credits, or transfers at any time

Please return this form with payment to:

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

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 _____

Has Child attended after school programs previously? ___ Yes ___ No

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

Please also fill out Release Statement



Yorkville Youth Athletic Association

Release Statement

2018-2019

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 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 _____