



Celebrating 50 years of serving
the families of New York.

GIRLS ONLY DODGEBALL

Winter 2018

**Girls
Rule!**



Friday Nights

Circle the Date you wish to participate. One form required for each team & night.

January 5 Grade 2, 3, 4

January 12 Grade 5, 6, 7

Where: Loyola School East 83rd Street/Park Ave

Approximate Time: 7pm – 9pm

Fee: \$175.00 per team of 7 players, per night. Please have no more than 7 players per team.

Please check appropriate line: ____ Grade 2, 3, 4 ____ Grade 5, 6, 7

Contact Name for Team _____ Contact Phone # for team: _____

Players 1. _____	Parent e-mail _____
2. _____	Parent e-mail _____
3. _____	Parent e-mail _____
4. _____	Parent e-mail _____
5. _____	Parent e-mail _____
6. _____	Parent e-mail _____
7. _____	Parent e-mail _____

Mail this application with payment to: Yorkville, P.O. Box 1556, New York, New York 10028

Kindly join as a team with one check if possible. Thanks!

Please note: no refunds, transfers or credits at any time.



Yorkville Youth Athletic Association

Waiver/Release Statement

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 _____

Mail this application with payment to: Yorkville, P.O. Box 1556, New York, New York 10028
Kindly join as a team with one check if possible. Thanks!
Please note: no refunds, transfers or credits at any time.