

YORKVILLE YOUTH ATHLETIC ASSOCIATION

presents

The P.S. 59 After School Sports Program 2017-2018

The YYAA After School Sports Program at P.S. 59 will offer structured recreational and academic activities, between the hours of 3:00 PM and 6:00 PM (late fees after 6pm) Monday through Friday that will promote healthy lifestyle choices, offer sports and fitness instruction, and encourage positive youth development.

Activities will include sports skills and drills instruction, as well as games. Students will also learn the rules of each sport that is offered. Sports instruction will be seasonal and we will highlight various sports each cycle. Sports played will include, but are not limited to basketball, hockey, soccer, touch-football, baseball, and kickball among others. Additionally, students will also receive academic support through daily homework assistance and grade-appropriate lessons that will promote group interaction.

Dates (Two Cycles): *Cycle 1: September 11, 2017 – January 26, 2018*
Cycle 2: January 29, 2018 – June 22, 2018

Costs: *Parents may enroll their child for as many days per week that they are in need of this service. The costs for the program are as follows:*

<i>1 day</i>	<i>\$575/cycle</i>
<i>2 days</i>	<i>\$1,100/cycle</i>
<i>3 days</i>	<i>\$1,600/cycle</i>
<i>4 days</i>	<i>\$2,075/cycle</i>
<i>5 days</i>	<i>\$2,525/cycle</i>

Full Payment required at the beginning of each cycle.
No refunds, transfers, or credits.

Snack will be provided each day at no additional cost.

Questions please call 212 360-0022 or e-mail Arlene Virga at yaa14@aol.com

Drop-ins are welcome. Cost is \$50 per day for drop-ins. This payment is for the drop-in day only and cannot be applied toward daily tuition payment.

There will be no YYAA after school program when schools are closed or on school half-days.

"The activities from these programs are not sponsored or endorsed by the New York City Department of Education or the City of New York"



The P.S. 59 After School Sports Program Application 2017-2018

Child's Name: _____

Grade: _____ Classroom: _____ DOB: _____

Please check the appropriate info:

Cycle:

☐ Cycle 1: *September 11, 2017 – January 26, 2018*

☐ Cycle 2: *January 29, 2017 – June 22, 2018*

Day(s):

☐ Monday

☐ Thursday

☐ Tuesday

☐ Wednesday

☐ Friday

Parent's Name: _____

Parent's e-mail: _____

Address: _____

Telephone (home): _____ Telephone (work): _____

Telephone (cell): _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

***Please return this form with payment to
Yorkville Youth Athletic Association, P.O. Box 1556, New York, NY 10028***

I understand that YYAA has a no-refund, no-transfer, no-credit policy (please sign below)

Parent Signature: _____ Date: _____

**For more info call Arlene Virga at (212) 360-0022
or via e-mail at Arlene@yyaa.org**



YORKVILLE YOUTH ATHLETIC ASSOCIATION, AFTER SCHOOL AT P.S. 59

CHILD'S HISTORY – HEALTH INVENTORY

To be completed by parent or guardian:

Child's Name _____ Birth Date _____ Sex _____

Address: _____ Apt. _____ Zip _____

Home Phone _____ E-Mails _____

Father Cell _____ Mother Cell _____

Father Work _____ Mother Work _____

Parents Names: _____ Sitters Name/ Cell _____

Emergency Contact: Name _____ Phone _____

Name _____ Phone _____

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
2017-2018

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 _____