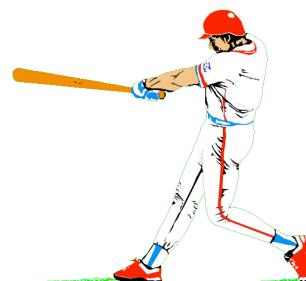# YORKVILLE YOUTH
ATHLETIC ASSOCIATION

1968
50
2018

Presents…
2017-2018 Pre-Spring Training Baseball Program

Welcome to our Pre-Spring Training Baseball Program. This 8-week program has been designed to give your son/daughter the basic fundamental skills to enjoy the game of baseball. Lessons build from week to week; so complete attendance is highly recommended.

(This is a drop-off program)

Sundays

December 10, 17 January 7, 14, 28 February 4, 11, 25

Where: PS 6 – 45 E 81 Street
Times: K & 1st Grade, 10:00am – 11:30am
2nd & 3rd Grade, 11:30am – 1:00pm
4th & 5th Grade, 1:00pm - 3:00pm
(Space is limited to 22 participants per session)

Please make your check for $400.00 payable to:
Yorkville Youth Athletic Association, and send it to
P.O. Box 1556, New York, N.Y. 10028

Player's Name_____ Grade_____

Parent's Name_____

Parent's Email_____

Address_____

Telephone (Day) _____ Telephone (Cell) _____

Telephone (Add'l) _____

Parent's Signature_____ Date_____

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 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 _____