

YORKVILLE SUMMER BASKETBALL CAMP 2019

JULY 29 – AUGUST 2, 2019



Two Programs

**For Boys and Girls - Ages 8 to 12
9am to 4pm Monday – Friday**

**For Boys and Girls - Ages 12 to 16
4pm to 6pm Monday - Friday**

Join Yorkville's New Summer Basketball Camp with our talented and dedicated travel basketball coach, Mike Borelli, and watch your game explode!

The Yorkville Summer Basketball Camp will be a drill intensive, skill building, game playing basketball camp for boys & girls ages 8-16. Coaches focus on the whole player, providing fun activities that will push your athlete to work harder on the fundamental and team play skills needed to enhance performance.

Our day camp will run from 9am-4pm and is open to those ages 8 through 12. The afternoon camp is for those from 12 to 16 years of age and will run from 4pm to 6pm. Registration is open to weekly and daily campers. All activities will take place at Wagner JHS (76th Street between 2nd and 3rd Avenues)

PLEASE CHECK (✓) BOX FOR PROGRAM ATTENDING:

☐ Ages 8-12 (9am-4pm) – Week Price - \$350; Daily Price - \$80

☐ Ages 12-16 (4pm-6pm) – Week Price - \$175; Daily Price \$65

Transportation Not Included

DROP OFF AND PICK UP AT WAGNER JHS

East 76th Street between 2nd & 3rd Avenues

Please bring your own lunch

(please pack a nut free lunch)



For more information please call 212-360-0022.



YORKVILLE SUMMER BASKETBALL CAMP 2019

Dates Attending_____

Child's Name_____ Date of Birth_____

Address_____

City_____ St_____ Zip_____

Mother's Name_____

Father's Name_____

Mother's Cell #_____ Father's Cell #_____

Mother's Work #_____ Father's Work #_____

Mother's Email_____

Father's Email_____

School_____ Grade_____

Emergency Contact Name_____

Cell #_____ Work #_____

Following people may pick up my son/daughter from camp:

Name_____ Cell #_____

Name_____ Cell #_____

Name_____ Cell #_____

Signature_____

Please return this form with payment to:
Yorkville Youth Athletic Association, P.O. Box 1556, New York, NY 10028.
No refunds, transfers or credits.

YORKVILLE YOUTH ATHLETIC ASSOCIATION
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 ☐ - Rubella (German Measles)

☐ - Whooping Cough Others - _____

CHRONIC CONDITIONS – Please check (✓) those which your child suffers from:

☐ - Allergy (Food) Type _____

☐ - Allergy (Drug) Type _____

☐ - Rashes ☐ - Heart Disease ☐ - Sickle Cell Diseases ☐ - Asthma ☐ - Rheumatic Fever

☐ - Diabetes ☐ - Epilepsy ☐ - Convulsions ☐ - Breathing Difficulties

☐ - Others _____

If you checked any of the above please give details: _____

Is your child taking any medications regularly? Yes / No If so, which one(s) _____

Please check (✓) those which your child suffers from below:

☐ - Frequent Colds ☐ - Vision Difficulties ☐ - Easily Angered ☐ - Bed Wetting

☐ - Frequent Sore Throats ☐ - Hearing Difficulties ☐ - Worries a lot ☐ - Eating Problems

☐ - Frequent Ear Infections ☐ - Speech Difficulties ☐ - Tantrums ☐ - Pain in legs/joints

☐ - Running Ears/Earaches ☐ - Frequent Urination ☐ - Many Fears ☐ - Excitable

☐ - Nosebleeds ☐ - Behavioral Concerns ☐ - Shyness ☐ - Toothaches ☐ - Sleeping Problems

COMMENTS _____

Please also fill out Release Statement

Yorkville Youth Athletic Association and The Yorkville Baseball Academy

Waiver/Release Statement

2019

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 _____