



**YORKVILLE YOUTH
ATHLETIC ASSOCIATION**

presents

**The P.S. 59 After School Sports Program
2009/2010**

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 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 history and rules of each sport that is offered. Sports instruction will be seasonal and we will highlight various sports each cycle. Sports played will include basketball, hockey, soccer, flag-football, baseball, kickball, and tennis, among others. Additionally, students will also receive academic support through daily homework assistance and grade-appropriate lessons that will promote group interaction. A healthy snack will also be provided each day.

Dates (Two Cycles): *Cycle 1: September 14, 2009 – January 29, 2010
Cycle 2: February 1, 2010 – June 18, 2010*

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>\$450/cycle</i>
<i>2 days</i>	<i>\$900/cycle</i>
<i>3 days</i>	<i>\$1,350/cycle</i>
<i>4 days</i>	<i>\$1,800/cycle</i>
<i>5 days</i>	<i>\$2,000/cycle</i>

There will be a \$50.00 sibling discount.

Financial assistance will be available and awarded based on need. All those who are interested must complete the YYAA Financial Assistance Application and provide the proper documentation that is requested.

**For more info call Danny O'Gallagher at (212) 360-0022
or via e-mail at dannyO@yyaa.org**

The Yorkville Youth Athletic Association exists to serve the children of New York City. We seek to encourage positive attitudes and growth through teamwork and sportsmanship, attendance, fair play, respect



The P.S. 59 After School Sports Program Application 2009/2010

Child's Name: _____

Grade: _____ Classroom: _____ DOB: _____

Please check the appropriate info:

Cycle:
 Cycle 1: September 14, 2009 – January 29, 2010
 Cycle 2: February 1, 2010 – June 18, 2010

Day(s):
 Monday Wednesday
 Tuesday Thursday
 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: _____

CHECK HERE if your child is permitted to go home on his/her own.

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

Parent Signature: _____ Date: _____

For more info call Danny O'Gallagher at (212) 360-0022
or via e-mail at dannyO@yyaa.org

<u>For Office Use Only:</u>	G _____	C _____	D _____
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Our Insurance Company requires all parents or guardians to sign this release form for each child.

Yorkville Youth Athletic Association
Release Statement
2009-2010

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 it's staff, the Board of Directors of The Yorkville Youth Athletic Association, officers and directors, the organizers, sponsors, supervisors, participants and all persons transporting my child/dependent to and from activities, from any claims 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 also understand that the Yorkville Youth Athletic Association has a no refund, no credit policy for any reason at any time for any program.

Signature of Parent/Guardian _____ Date _____