



**YORKVILLE YOUTH ATHLETIC ASSOCIATION
PRESENTS**



LACROSSE
(Introductory Program)

For Grades 2 -8
Saturdays, September 12, 2009 – November 14, 2009
@ DeWitt Clinton Field on 11th Avenue and West 54 Street

Fee: \$250.00, After July 15, 2009 - \$300.00
Donations accepted and appreciated

Schedule is as follows:

1:30 – 5:30 PM

Times may vary slightly depending on enrollment.

Equipment needed by each player enrolled and where to get it.

Girls: Head, Shaft, Goggles

Boys: Protective gloves, shoulder pads, elbow pads, head, shaft, helmet

Please include self-addressed, stamped envelope, check and application.

Name _____ Grade Sept. 09 _____

School _____ DOB _____

Address _____ Apt _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address _____ Parent's Names _____

Parent's Signature _____

Mail to: Yorkville Youth, C/O Arlene Virga, P.O. Box 1556 New York, N.Y. 10028

Questions call Arlene Virga 212 360-0022.

Please note: no refunds at any time.

212-360-0022, Office

212-360-0077, Fax

www.yyaa.org

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 _____