



YORKVILLE EAGLES TRAVEL BASEBALL 2009

Yorkville is looking for a few great players!!!

Take flight with our elite baseball program. Games within the tri-state area, tournaments nationwide. Experienced and knowledgeable coaches, excellent training and player development. Take your game to the next level.

Please check one.

- 8 & Under, cannot be born prior to 5/1/00 9 & Under, cannot be born prior to 5/1/99
 10 & Under, cannot be born prior to 5/1/98 11 & Under, cannot be born prior to 5/1/97
 12 & Under, cannot be born prior to 5/1/96 13 & Under, cannot be born prior to 5/1/95
 14 & Under, cannot be born prior to 5/1/94

Fall Season is September to November

Players participating in the Spring program have the option of returning in the Fall.

Please keep in mind that space may not be available for players who do not play in Spring Baseball.

Games and practices will be on Saturdays and/or Sundays

Mid-week Practices will be scheduled in advance by each team's coaches

Each team will have 2 professional coaches

Travel Baseball is competitive

Playing time is earned through dedication, hard work and hustle

Development, Sportsmanship and Teamwork
are integral parts of all **Yorkville Baseball Programs**

Player's Name _____ Birth Date _____

Parent's Name _____

Parent's Email _____ Player's Email _____

Address _____ City, State Zip _____

Telephone (home) _____ Telephone (mobile) _____

Telephone (work) _____

Parent Signature: _____ Date: _____

Please check box above for team selection and complete waiver at the end of this mailing

Please make your check for \$625.00 payable to
Yorkville Youth Athletic Association, PO Box 1556, New York, NY 10028
(fee is non-refundable once player is accepted)

If you have any questions, please call us at (212) 360-0022
or email us at lance@yvaa.org



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Yorkville Youth Athletic Association Release/Waiver Statement 2009

Release/Waiver 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 _____



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MEDICAL FORM

HEALTH INFORMATION

Camper's Name: _____ Age: _____

PLEASE LIST ANY CONDITIONS, ALLERGIES OR MEDICATIONS YOUR CHILD HAS OF WHICH WE SHOULD BE AWARE:

CONDITIONS/ALLERGIES	MEDICATIONS

I authorize the supervisors of the camp to secure emergency medical treatment for my child if required as long as I am notified as soon as possible. To my knowledge, there is no existing medical condition that would prevent my child from participating fully in the clinic or that should restrict his/her activities.

PARENT/GUARDIAN SIGNATURE: _____