



## DODGEBALL

### Fall and Winter 2010 - 2011

**When: Friday Nights – Circle the Date you wish to participate. On form required for each night.**

<b>October 8</b>	<b>Grade 2 &amp; 3 Participants</b>	<b>November 5</b>	<b>Grade 2 &amp; 3 Participants</b>
<b>October 22</b>	<b>Grade 4 &amp; 5 Participants</b>	<b>November 12</b>	<b>Grade 4 &amp; 5 Participants</b>
<b>October 29</b>	<b>Grade 6, 7, 8 Participants</b>	<b>November 19</b>	<b>Grade 6, 7, 8 Participants</b>
<b>January 14</b>	<b>Grade 2 &amp; 3 Participants</b>	<b>February 4</b>	<b>Grade 2 &amp; 3 Participants</b>
<b>January 21</b>	<b>Grade 4 &amp; 5 Participants</b>	<b>February 11</b>	<b>Grade 4 &amp; 5 Participants</b>
<b>January 28</b>	<b>Grade 6, 7, 8 Participants</b>	<b>February 25</b>	<b>Grade 6, 7, 8 Participants</b>

Where: St Joe’s School Gym on East 87 Street between York and First Avenues Time: 6:30 – 9:30 P.M.  
 Fee: \$140.00 per team of 7 players. Please have no more than 7 players per team.

Please check appropriate boxes below. Contact Phone # for team: \_\_\_\_\_

Grade 2 & 3     Grade 4 & 5     Grade 6, 7, 8

Players 1.	_____	Parent e-mail	_____
2.	_____	Parent e-mail	_____
3.	_____	Parent e-mail	_____
4.	_____	Parent e-mail	_____
5.	_____	Parent e-mail	_____
7.	_____	Parent e-mail	_____

Individual Award to first and second place teams in each age group. A different award will be given each month.

Mail this application with payment to: Yorkville, P.O. Box 1556, New York, New York 10028  
 Kindly join as a team with one check if possible. Thanks!

Questions please call Arlene Virga at 212 360-0022 or e-mail [yyaa14@aol.com](mailto:yyaa14@aol.com)

*Please note: no refunds, transfers or credits at any time.*

Our Insurance Company requires all parents or guardians to sign this release form for each child.

Yorkville Youth Athletic Association  
**Release Statement**  
2010 -2011

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 \_\_\_\_\_