



YORKVILLE EAGLES TRAVEL BASEBALL FALL 2010 APPLICATION

Yorkville Youth Athletic Association is dedicated to providing an environment in which our children have an opportunity to excel at baseball. Our travel program was created so our players can test their skills in a competitive environment. Playing time is earned and not given. Development, sportsmanship and teamwork are integral parts of all Yorkville travel programs.

Season: Starts in September and lasts until mid November.

Practices: Two team practices scheduled by coach between Wednesdays and Sundays.

Games: Are played on Saturdays throughout the five boroughs, Long Island and Westchester.

Cost: \$750.00 plus \$125.00 uniform fee (Jersey, pant, hat, belt and socks).

Please check one: 8U___, 9U___, 10U___, 11U___, 13U___, 14U___, 15U___

Player's Name _____ Birth Date _____ Grade _____

Parent's Name _____

Parent's Email _____ Player's Email _____

Address _____ City, State, Zip _____

Telephone (home) _____ Telephone (mobile) _____

Telephone (work) _____

Parent Signature: _____ Date: _____

Please return this form and the attached waiver along with your payment immediately.

(No refunds, no transfers and no credits once player is accepted)

To: Yorkville Youth Athletic Association

PO Box 1556, New York, NY 10028

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

Please visit our website, www.yyaa.org and click on travel baseball for updates.



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Waiver/Release Statement

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 _____