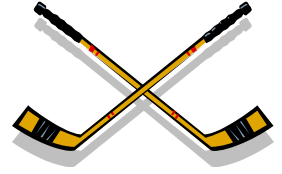
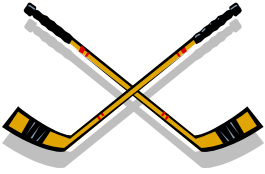


**YORKVILLE YOUTH ATHLETIC ASSOCIATION
ROLLER HOCKEY PROGRAM
"Street Links"**



SATURDAYS April 10 – June 10, 2010

Skipping 5/29/10
at

Rink on First Avenue between 95 & 96 Street

Director – Gregory Tsinker

Fee: \$250.00 (sorry, no refunds, credits or transfer at any time)

For boys and Girls in grades 1 – 8 (2 PM – 5 PM)

Name _____ Grade _____ School _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address (print clearly) _____

Parent's Names _____

Parent Signature _____

I will provide all necessary equipment that is stated below and make every effort to have my child attend each game.

Approved helmet with face guard and chin strap, colored mouthpieces attached to players helmet, padded hockey gloves, full shin and knee protection, elbow protection, shoulder pads, protective cup and a plastic or wood hockey stick – properly butt-ended.

Applications must include *

___ Application*

___ Self addressed Stamped envelope*

___ League fee of \$250.00 payable to Yorkville Youth Athletic Association*

___ insurance waiver *

___ Donation to this program. Amount _____

Mail to: Yorkville Youth Athletic Association, P.O. Box 1556, New York NY 10028

Questions please contact Arlene Virga at 212 360-0022 or yyaa14@aol.com

Times subject to change

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

Yorkville Youth Athletic Association
Release Statement
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 _____