



**YORKVILLE YOUTH ATHLETIC ASSOCIATION**  
212 360-0022 Spring 2010

**NEXT**



**LEVEL**

Yorkville Youth Athletic Association's **Next Level** basketball program is created for the player whose needs are greater. Those who wish to get an edge on the competition. Player's who want to improve their skills, now have the opportunity to practice and play games with the guidance of experienced coaches. From offense to defense, **Next Level** will improve your skill set. Are you ready to take your game... to the **NEXT LEVEL**? Our instructors will top any instructors in any program in this city.

**LOCATION, DATES & TIMES & GRADES**

**Grades 2 – 8**

**Julia Richman – East 68 Street and Second Avenue**

**Grades 2 -5 from 7:00 pm – 8:30 pm**

**Grades 6 – 8 from 8:30 pm – 10:00 pm**

**April 9, 2010 – June 11, 2010**

**(skipping 5/28/10)**

**COST**

\$325.00 (no refunds, no transfers, no credits)

**Please return the entire form with payment and self addressed stamped envelope**

**YYAA PO Box 1556 New York, NY 10028**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL (print clearly) \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give my permission for my child to participate in this program.

Parent's Signature: \_\_\_\_\_

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 \_\_\_\_\_