



YORKVILLE EAGLES TRAVEL BASKETBALL

Winter 2009 Tryouts

Please Note:

The following Teams have limited open Roster spots and will hold Tryouts on Thursday November 5th @ PS 96 (E. 120th Street between 2nd and 3rd Avenues) at 6:00 pm:

4th Grade Girls
6th Grade Girls
7th Grade Girls

3RD Grade Boys
4th Grade Boys
5th Grade Boys

6th Grade Boys
7th Grade Boys
JV Boys (Grades 9-11)

The Following Teams will hold open Tryouts for all Roster spots on Wednesday November 4th @ St Johns (E.67th Street between York and 1st Avenues, just west of the playground) At 7:30 pm:

5th Grade Girls

JV Girls (Grades 9-11)

8TH Grade Boys

Travel Basketball is competitive
Playing time is earned through dedication, hard work and hustle

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

Practices are on Weeknights & Saturday Evenings
League Play is on Sundays and some Weeknights

Player's Name _____ Grade _____

Parent's Name _____

Parent's Email _____ Player's Email _____

Address _____

Telephone (home) _____ Telephone (mobile) _____

Telephone (work) _____

Parent Signature: _____ Date: _____

Please complete the waiver at the end of this mailing

Please return this form:

Along with a check for \$575 (non-refundable 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 Michael@yyaa.org

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

Yorkville Youth Athletic Association
Release Statement
2009-2010

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 _____