



DODGEBALL Fall and Winter 2011 - 2012

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

October 14 Grade 2 & 3 Participants
October 21 Grade 4 & 5 Participants
October 28 Grade 6, 7, 8 Participants

November 4 Grade 2 & 3 Participants
November 11 Grade 4 & 5 Participants
November 18 Grade 6, 7, 8 Participants

January 13 Grade 2 & 3 Participants
January 20 Grade 4 & 5 Participants
January 27 Grade 6, 7, 8 Participants

February 3 Grade 2 & 3 Participants
February 10 Grade 4 & 5 Participants
March 2 Grade 6, 7, 8 Participants

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, per night. 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 _____ |
| 6. | _____ | 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

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
2011 -2012

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 _____