



YORKVILLE YOUTH ATHLETIC ASSOCIATION SKATING PROGRAM

Saturdays, April 2 - June 11 (off May 28)

Rink on First Avenue between 95 & 96 Street

Fee: \$100.00 (sorry, no refunds, credits or transfer at any time)

For Boys and Girls in grades K – 5 (1 PM – 2 PM)

Name _____ Grade _____ School _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Work Phone _____

E-mail Address (print clearly) _____

Parent's Names _____

Parent Signature _____

Please provide the following equipment: Helmet, mouthpiece, wrist guards, knee pads and elbow pads.



Enrollment must include *

_____ Application*

_____ League fee of \$100.00 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

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

Yorkville Youth Athletic Association
Release Statement
2011

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 _____