



The Yorkville Youth Athletic Association Presents:

WEEKDAY SPRING BASEBALL

Gather your child and friends and enter a team into our weekday Spring Baseball League! Your team will play one game per week starting April 3 or 5. **We are limiting this to 4 teams per league.** Sign up now!

Grades 1/2/3 – Tuesdays

Grades 4/5/6 – Thursdays

Where: Randall's Island Fields 39/40

When: April 3/5 through June 5/7

Time: 3pm-6pm

No program the week of April 9

Fee: \$1800 per team of 9 players for the season (\$200 per child)

Please note: No refunds, credits, or transfers at any time

Fee includes registration, team t-shirt, and bus service to and from Randall's Island. If your team is from one school, we will pick up the children at your school! The drop-off location is on 3rd Avenue between 86th and 87th in front of Modell's.

If it rains, the program will move to the Yorkville Baseball Academy on 106th Street and 1st Avenue. The hours will remain the same.

Questions?

Please call the Yorkville Office at (212) 360-0022 or
email Arlene Virga at YYAA14@aol.com





WEEKDAY SPRING BASEBALL

Please check one:

Grades 1/2/3 - Tuesdays

Grades 4/5/6 - Thursdays

Players (no more than 9)

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 _____

8. _____ Parent e-mail _____

9. _____ Parent e-mail _____

Please include application and fee made payable to Yorkville Youth Athletic Association.

Mail to:

YYAA

P.O. Box 1556

New York, NY 10028

Please join as a team with one check if possible. Thanks!

Yorkville Youth Athletic Association
Waiver/Release Statement
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.

Signature of Parent/Guardian _____

Date _____

HEALTH INFORMATION

Name: _____ Age: _____

PLEASE LIST ANY CONDITIONS, ALLERGIES OR MEDICATIONS YOUR CHILD HAS OF WHICH WE SHOULD BE AWARE:

CONDITIONS/ALLERGIES	MEDICATIONS

I authorize the supervisors of the camp to secure emergency medical treatment for my child if required as long as I am notified as soon as possible. To my knowledge, there is no existing medical condition that would prevent my child from participating fully in the clinic or that should restrict his/her activities.

PARENT/GUARDIAN SIGNATURE: _____