



YORKVILLE YOUTH ATHLETIC ASSOCIATION SKATING PROGRAM

Saturdays, April 14 - June 9 (off May 26)

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 (2 PM – 3 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
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 _____