

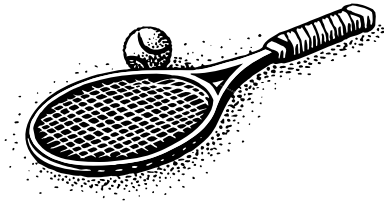
YORKVILLE YOUTH ATHLETIC ASSOCIATION

**Beginner Tennis Program  
Fall Session**

**Saturday Sept 26, 2009 – Saturday November 21, 2009**

AT

**Sutton East Tennis Center**



**York Avenue at 59 Street**

Fee: \$250.00

**Beginner Tennis – Limited Space available**

**One Program Available- For Beginner Tennis Players in grades 2, 3, 4 & 5.**

\_\_\_Time of Program – Saturdays from 7:00 P.M. – 8:00 P.M. grades 2/3

\_\_\_Time of Program – Saturdays from 8:00 P.M. – 9:00 P.M. grades 4/5

**The Sutton East Tennis Club will provide the instruction, courts, tennis balls and fun.  
You provide the player, tennis shoes and racquet.**

**This is Yorkville’s third season doing Tennis. Hope you will join the fun.**

**Please include self-addressed, stamped envelope, check and application.**

**Name** \_\_\_\_\_ **Grade as of Sept. 2009** \_\_\_\_\_ **School** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E-mail Address (print clearly)** \_\_\_\_\_

**Parent’s Names** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Mail to: Yorkville Youth, C/O Arlene Virga, P. O. Box 1556 NY NY 10028**

**Questions call Arlene Virga 212 360-0022.**

**Please note: no refunds at any time.** Must Sign Release Statement – see other paper

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

Yorkville Youth Athletic Association  
Release Statement  
2009-10

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 \_\_\_\_\_