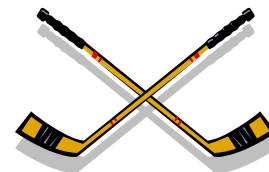
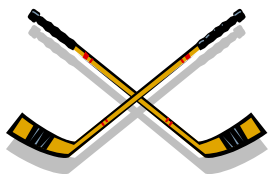


YORKVILLE YOUTH ATHLETIC ASSOCIATION ROLLER HOCKEY PROGRAM “Street Links”



SATURDAYS April 4 – June 13, 2009
AT

Rink on First Avenue between 95 & 96 Street

Director – Gregory Tsinker

Fee: \$200.00 (sorry, no refunds at any time)

Two Programs Available: For boys and Girls in grades 3, 4, 5 and 6

1. Beginner Hockey – players in grades 1 & 2 at 2:00
2. Squirt Division – Boys/girls in grades 3, 4, 5 and 6 from 3 – 5 P.M.

This program should not interfere with most Yorkville Baseball games.

This is Yorkville’s sixth season playing roller hockey. We anticipate a great turnout. Hope you will join the fun.

Game Rules (brief version):

We will play Five on Five Roller Hockey, plus a goalie. No checking, light contact is permitted, provided the player is playing the ball, not the player. Blue Lines will be adhered to. OFF-SIDES will be played via the blue line, not the center line. Icing is not permitted. The game will consist of three 15 minute periods. Running time, except for referee requested stopped clock and last five minutes of play – when there is a 2 goal or less differential. Penalty time will be synchronized with game clock. There is a mandatory two minute rest between periods. One minute time out per period, per team. No overtime in regular season games. All other rules will be discussed with coaches, referees and league officials.

Equipment: Hockey is an expensive sport, due to the large amount of equipment that must be worn by each player. No player will be permitted to play without the following gear. Approved helmet with face guard and chin strap, colored mouthpieces attached to players helmet, padded hockey gloves, full shin and knee protection, elbow protection, shoulder pads, protective cup and a plastic or wood hockey stick – properly butt-ended. Helpful Websites: DiscountHockey.com and HockeyMonkey.com

Please be sure to sign the insurance waiver and send with this application

Yorkville Youth "Street Links" Hockey Application

Check one:

_____ Beginner Division Grades Boys/Girls Grades 1 & 2 at 2:00

_____ Squirt Division – Boys/Girls in grades 3, 4, 5 & 6
Game times 3:00 – 5:00



Please include self-addressed, stamped envelope.

Name _____ Grade ____ -
School _____

Address _____ Apt. _____ Zip
Code _____

Home Phone _____ Work
Phone _____

E-mail Address (print clearly) _____

Parent's Names

Parent Signature

I will provide all necessary equipment that is stated below and make every effort to have my child attend each game.

Approved helmet with face guard and chin strap, colored mouthpieces attached to players helmet, padded hockey gloves, full shin and knee protection, elbow protection, shoulder pads, protective cup and a plastic or wood hockey stick – properly butt-ended.

Parent Signature _____.

Applications must include *
_____ Application*

_____ Self addressed Stamped envelope*

_____ League fee of \$200.00 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 New Insurance Company requires all parents or guardians to sign this release form for each child.

Yorkville Youth Athletic Association
Release Statement
2008-2009

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 _____