

Registration Form

Year: _____

Fall Winter
Summer Spring

Please check off all that are applicable: **Note: Program cost and eligibility requirements varies**

PICKLEBALL

**Please check our website (wbcyc.org) or call us for program cost and eligibility requirements for each program.
Cash Or check only . Please make checks payable to' WBCYC' **

Participant Information: (please print)

Last Name: _____ First name: _____

Address: _____

City/Town: _____ Zip: _____

Email: _____ Cell Phone: _____

Date Of Birth: _____ Age: _____ Gender: _____

School: _____ Grade (currently/this year) _____

Parent/Guardian Information (Please Print)

Full Name: _____ Cell Phone: _____

Full Name: _____ Cell Phone: _____

Address (If Different from participant): _____

Emergency Contact: (please print) – *(You do not need to complete if registering for Summer Clinics)*

Contact Full Name: _____ Relationship to participant: _____

Home/Cell Phone: _____

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I hereby give permission for the above registrant to participate in the WBCYC program selected above. I understand that I am responsible for the care of any equipment used. I will return the equipment promptly when requested to do so by the WBCYC Coach, Counselor or League Official. I fully understand that the registrant will play according to the rules governed by the League or Clinic Officials I give permission for the League to utilize the registrant's team or individual photo for the WBCYC programs, website, promotional literature or press releases in local media.

I hereby certify that participant is in good physical condition to the best of my knowledge. I will not hold the WBCYC liable for any pre-existing conditions. I assume all risks and hazards incidental to such participation including transportation to and from activities. I hereby waive, resolve, absolve, indemnify, and agree to hold harmless the WBCYC, the organizers, sponsors, supervisors, and participants for any claims arising out of an injury to the registrant, except to the extent and in the amount covered by accidental or liability insurance.

Additionally, I am aware that I am responsible to report to the WBCYC Program Director, any injury to registrant related to League play immediately. Failure to report an incident within 24 hours of the incident will result in the claim not being processed.

Parent Signature _____

Official Use Only:	Date Received: _____	Donation:- _____	Check / Cash
Check#: _____	Receipt #: _____	Gift Cert # - _____	
Birth Cert attached.: Y / N	Form complete: Y / N	Initials: - _____	Date: _____



Child's Name: _____

Code of Ethics For Parents

As a Parent, I am aware of the tremendous influence I have over the emotional and physical well being of my child and I will:

NEVER: place the value of winning above the value of instilling sportsmanship and teamwork.

Encourage: good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or event.

Place: the emotional and physical well being of my child ahead of my personal desire to win.

To: the best of my ability, make sure the playing experience is fun.

Insist: that my child play in a safe and healthy environment.

Demand: a sports environment for my child that is free from drugs, tobacco and alcohol.

Make: sure that my child treats other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Require: my child's coach to uphold the Code of Ethics for Coaches.

Support :coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

NEVER: interfere with the play of the game. This does not include any injury situation related to my child.

Remember :that my inappropriate conduct will result in EXPULSION from the play area.

I understand the Code of Ethics for Parents, as set forth by the West Babylon Community Youth Center and by signing this paper, I agree to abide by these codes,.

Print Parent's Name

Parents Signature