



WBCYC 71 Sawyer Ave., W.B. NY 11704

2024 SUMMER CLINIC

\$60.00 Per Sport Per Week

Please check off all the sports that are applicable * Note program and eligibility requirements varies*

<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Boys Basketball
<input type="checkbox"/> 7/1-7-5	<input type="checkbox"/> 7/8- 7/12	<input type="checkbox"/> 7/15 - 7/19	<input type="checkbox"/> 7/22 - 7/26
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Hockey	<input type="checkbox"/> Hockey	<input type="checkbox"/> Volleyball
<input type="checkbox"/> 7/29-- 8/2	<input type="checkbox"/> 8/5 - 8/9	<input type="checkbox"/> 8/12 - 8/16	<input type="checkbox"/> 8/19 - 8/23
			<input type="checkbox"/> 8/26 - 8/30

Please check our website: Wbcyc@wbcyc.org or call for our programs & cost for each sport.

Participant Information (Please Print).

Last Name _____ First Name: _____

Address: _____

City/Town: _____

Email: _____

Date Of Birth: _____ Age: _____ Cell Phone: _____

School: _____ Grade: _____

PARENT/GUARDIAN information: (Please Print)

Full Name: _____

Full Name: _____

Address If different: _____

Emergency Contact: (Please Print) Other than the Parent.

Contact Full Name: _____ Relationship to Participant: _____

Home Cellphone: _____

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 the 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 for reporting 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:

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Official Use Only: Date Received: _____ Donation: _____ Check _____ Cash _____

Check#: _____ Receipt #: _____ Waiver _____ Birth Cert attached.: Y N

Form complete: Y N NEED: COE BC PYM Other _____ Initials: _____

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Phone.: (631) 661-1333, Fax: (631) 661-5268

SUMMER CLINIC EMERGENCY INFORMATION

Emergency Contact and/or Child Pick-up (please print)

****Please list any individual(s) if OTHER than parent or guardian that may be contacted in the event of an emergency or permitted to pick-up child****

Full Name: _____ Home/Cell Phone: _____

Relationship to participant: _____ Circle one: ER Contact PICK-UP ONLY BOTH

Full Name: _____ Home/Cell Phone: _____

Relationship to participant: _____ Circle one: ER Contact PICK-UP ONLY BOTH

Full Name: _____ Home/Cell Phone: _____

Relationship to participant: _____ Circle one: ER Contact PICK-UP ONLY BOTH

Full Name: _____ Home/Cell Phone: _____

Relationship to participant: _____ Circle one: ER Contact PICK-UP ONLY BOTH

Full Name: _____ Home/Cell Phone: _____

Relationship to participant: _____ Circle one: ER Contact PICK-UP ONLY BOTH

Medical Information (Please print)

Does the applicant have any food allergies? _____ If so, what type?

Is the applicant on a special diet? _____ If so, what type?

PLEASE NOTE: If you have answered "YES" to any of the above questions, please answer the following questions:

My child can eat snack provided by WBCYC Yes _____ No _____

I WILL provide a suitable snack for my child Yes _____ No _____

I understand that NO accommodations will be considered by the WBCYC with regard to food allergies and special diet requirements of my child Yes _____ No _____

In Case of Emergency, I hereby authorize any New York State Licensed Medical Professional, or Hospital to perform any treatment necessary to assist my son, daughter, foster child, or ward.
(Please print)

Participant Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

If you should have any questions, please contact the office at your convenience. Thank you



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