



71 SAWYER AVENUE, WEST BABYLON, NY 11704

2010
Boys & Girls Lacrosse Registration
(Eligible Children 1st Grade – 8th Grade)

Registration Cost - \$50

Please Print Clearly

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

School: _____

Grade: _____ Date Of Birth: _____ Age: _____

Parents e-mail: _____ Gender: _____

Birth Certificate Yes ___ No ___ On File _____
Has your child ever played with the WBCYC before? Yes _____ No _____
How did you hear of the registration? (Circle one): School Flyer Website Sign By Dairy Barn Other

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

I hereby certify that my child 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 my child, 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 my child related to League play immediately. Failure to report an incident within 24 hours will result in the claim not being processed.

Parent Signature: _____

Official Use Only: Reg. Date: _____ Donation: _____
Shirt: Y N Size: _____ Check#: _____ Cash: _____ Receipt #: _____
A B W H O Birth Cert.: Y N On File Initials: _____

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,.

Parents Signature