



71 Sawyer Avenue, West Babylon, NY 11704

# Summer 2010 Clinics Registration

Check One:

<input type="checkbox"/>	<b>Session 1 (9am – 12pm)</b> Boys & Girls entering 1 <sup>st</sup> – 4 <sup>th</sup> grade
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<input type="checkbox"/>	<b>Session 2 (1pm – 4pm)</b> Boys & Girls entering 5 <sup>th</sup> – 8 <sup>th</sup>
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Circle One or More:

**Volleyball**  
**July 19th to 23rd**

**Basketball**  
**July 26th to 30th**

**Street Hockey**  
**August 2nd to 6th**

**Lacrosse**  
**August 9th to 13th**

I have my own stick

**Must bring your own stick (35'' to 42'' long).**

**Registration Cost: \$50 per clinic**

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade (entering in Sept. '10): \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Parents Email: \_\_\_\_\_

I hereby give permission for the above child to participate in the WBCYC Summer clinic . I understand that I am responsible for the 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 program 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 of the incident will result in the claim not being processed**

Parent Signature

\_\_\_\_\_

Official Use Only: Reg. Date: \_\_\_\_\_ Donation: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_

A B W N A H O

Initials: \_\_\_\_\_

4/22/09



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## **EMERGENCY CONTACT AND CHILD RELEASE FORM**

This form must be completed by a parent or legal guardian. – you will be the first to be contacted. Please provide at least 3 (three) additional contacts that may be allowed to Pick-up/sign-out child or may be called in the event of an emergency when you cannot be reached. Please provide the BEST number to reach you. Please be advised that calls will be made in the order listed – parent/guardian contacted first. The person or persons listed will be the ONLY people allowed to sign out and or/pick-up your child. The safety of your child is the priority.

**Child's Full Name:** \_\_\_\_\_

(List both parents' first names. List last name only if it is different from the child)

**Mother Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<u>Contact</u>	<u>Phone #</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Web Site: WWW.WBCYC.ORG, Phone: (631) 661-1333, Fax: (631) 661-5268