

Fall Winter  
Summer Spring

Year: \_\_\_\_\_

## ADULT Registration Form

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

Men's 40+ Basketball

Adult Co-Ed Volleyball

Please check our website (wbcyc.org) or call us for program cost and eligibility requirements for each program.

### **Participant Information:** (please print)

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Contact Full Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

.....  
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.**

**\*CHIP Parent or Guardian (over 18yrs) – 1. MUST stay at the WBCYC during the child's class 2. MUST sign the child in and out of class 3. MUST have ID. All parents or guardians will wait in the parent room for the duration of class. Excessive absences and aggressive behavior will not be tolerated. A trial period of \_\_\_\_\_ will determine the eligibility of the participant. NO Siblings are permitted to play during class.**

Registrant Signature \_\_\_\_\_

.....

<b>Official Use Only:</b>	Date Received: _____	Donation: _____	Check	Cash
Check#: _____	Receipt #: _____	Waiver _____	Birth Cert attached.: Y	N
Form complete: Y	N	NEED: COE BC PYM Other _____	Initials: _____	
A B W H O Group _____	Time _____	Notices _____		

.....