

# WBCYC

71 Sawyer Avenue, West Babylon, NY 11704

## Summer Clinics 2026

For Boys & Girls entering 1st through 8th

Includes camp T-shirt, water, daily snacks & Friday Pizza.

Sneakers required for all clinic

**Cost = \$80.00 per clinic (Cash Or Check Only)**

**AM Session: (9am-12pm)**

**PM Session: (1pm-4pm)**

**Grades 1 to 4 (children entering)**

**Grades 5 to 8 (children entering)**



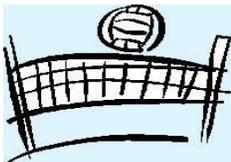
**Boys Basketball June 29th- July 3rd**

**Boys Basketball July 6th – July 10<sup>th</sup>**

**Boys Basketball July 20th- July 24<sup>th</sup>**

**Girls Basketball July 13<sup>th</sup> – July 17<sup>th</sup>**

**Girls Basketball July 27th-July 31st**



**Hockey Aug 3rd – Aug 7th**

**Hockey Aug 10th – Aug 14<sup>th</sup>**

**Volleyball Aug 17<sup>th</sup> – Aug 21<sup>st</sup>**

**Volleyball Aug 24th – Aug 28<sup>th</sup>**



\*Youth Center provides equipment for those without\*

You may register at WBCYC- Monday - Friday 9am – 4pm

**Registration is Limited**

If registration turnout is not sufficient, WBCYC reserves the right to cancel the clinic.

West Babylon Community Youth Center is a 501(3)-c non-profit organization



71 Sawyer Avenue, West Babylon, NY 11704

20 VOLLEYBALL SUMMER CAMP

Registration \$80.00

AUG 17th, 2026-AUG 21st, 2026

GRADES 1-4 9AM TILL NOON

GRADES 5-8 1PM TILL 4PM

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

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:

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, or youth center. I fully understand that the registrant will play according to the rules governed by the West Babylon Youth Center. 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:



71 Sawyer Avenue, West Babylon, NY 11704

20\_\_\_ VOLLEYBALL SUMMER CAMP

Registration \$80.00

AUG 24th, 2026- AUG 28th, 2026

GRADES 1-4 9AM TILL NOON \_\_\_\_\_

GRADES 5-8 1PM TILL 4PM \_\_\_\_\_

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:**

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

## 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