

**20 BOYS SUMMER CAMP BASKETBALL Registration \$80.00****JUNE 29<sup>TH</sup>, 2026—JULY 3<sup>RD</sup>, 2026****GRADES 1-4****9AM TILL NOON****GRADES 5-8****1PM TILL 4PM**

Please check our website (wbeye.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: _____	Donations: _____	Check / Cash
Check #: _____	Receipt #: _____	Gift Cert #: _____	
Birth Cert attached: Y / N	Form completed: Y / N	Initials: _____	Date: _____



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

## 20 BOYS SUMMER CAMP BASKETBALL Registration \$80.00

### JULY 6th, 2026- JULY 10th, 2026

GRADES 1-4

9AM TILL NOON

GRADES 5-8

1PM TILL 4PM

Please check our website (wboyc.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.

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Parent Signature \_\_\_\_\_

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Birth Cert attached: Y / N	Form completed: Y / N	Initials: _____	Date: _____



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**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.

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**Remember :**that my inappropriate conduct will result in EXPULSION from the play area.

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\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parents Signature



71 Sawyer Avenue, West Babylon, NY 11704

## 20\_\_\_\_GIRLS SUMMER CAMP BASKETBALL Registration \$80.00

**JULY 13th,2026-JULY 17th,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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Check #: _____	Receipt #: _____	Gift Cert # - _____	
Birth Cert attached: Y / N	Form complete: Y / N	Initials: - _____	Date: _____



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

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**Require:** my child's coach to uphold the Code of Ethics for Coaches.

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\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parents Signature



71 Sawyer Avenue, West Babylon, NY 11704

20 \_\_\_\_ BOYS SUMMER CAMP BASKETBALL Registration \$80.00

JULY 20th, 2026-JULY 24th, 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.

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**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: \_\_\_\_\_

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Check#: _____	Receipt #: _____	Gift Cert # - _____	
Birth Cert attached: Y / N	Form complete: Y / N	Initials: - _____	Date: _____

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Print Parent's Name

\_\_\_\_\_  
Parents Signature





71 Sawyer Avenue, West Babylon, NY 11704

**20 \_\_\_\_\_ GIRLS SUMMER CAMP BASKETBALL Registration \$80.00**

**JULY 27th, 2026-JULY 31st, 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: \_\_\_\_\_ Call 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): \_\_\_\_\_

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Check #: _____	Receipt #: _____	Gift Cert # - _____	
Birth Cert attached.: Y / N	Form complete: Y / N	Initials: - _____	Date: _____

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**Insist:** that my child play in a safe and healthy environment.

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**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.

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\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parents Signature





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

### Code of Ethics For Parents

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\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parents Signature



71 Sawyer Avenue, West Babylon, NY 11704

20\_\_\_\_ HOCKEY SUMMER CAMP

Registration \$80.00

AUG 10<sup>th</sup>, 2026 – AUG 14<sup>th</sup>, 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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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: _____



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

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\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parents Signature



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 \_\_\_\_\_

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**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): \_\_\_\_\_

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**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





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: \_\_\_\_\_

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: \_\_\_\_\_

## 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.

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