

20 BOYS SUMMER CAMP BASKETBALL Registration \$80.00JUNE 29TH, 2026—JULY 3RD, 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, release, 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: _____



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 \$30.00

JULY 6th, 2026- JULY 10th, 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, release, 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 completed: 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



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: _____

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 # _____ Date: _____
Birth Cert attached: Y / N Form complete: Y / N 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.,

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.

Participant Information ****Cash Or check only. Please make checks payable to 'WBCYC' ****

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 #: _____ Date: _____
Birth Cert attached: Y / N Form complete: Y / N 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:

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Encourage: good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or event.

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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



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: _____ 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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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

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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 HOCKEY SUMMER CAMP

Registration \$80.00

AUG 3rd, 2026-AUG 7th, 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.

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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: _____

Code of Ethics For Parents

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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 HOCKEY SUMMER CAMP

Registration \$80.00

AUG 10th, 2026 – AUG 14th, 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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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 _____

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

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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 **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: _____

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:

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

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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.

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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, release, 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 #: _____ Date: _____
Birth Cert attached: Y / N Form complete: Y / N 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..

Print Parent's Name

Parents Signature