WBCYC

71 Sawyer Avenue, West Babylon, NY 11704

20____GIRLS SUMMER CAMP BASKETBALL Registration $80.00

JULY 14,2025 – JULY 18, 2025

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: _____