



71 Sawyer Avenue, West Babylon, NY 11704

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

**JUNE 30,2025 – JULY 4, 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** \_\_\_\_\_

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