

Summer 2021

YOUTH BASKETBALL PROGRAM
24th SUMMER

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2021

Mixed Boys/Girls Evening Intramural Leagues
+ Instructional

BASKETBALL IN HOUSE REGISTRATION

West Hollow Middle School Cafeteria, 250 Old East Neck Road, Melville

SUBMIT APPLICATION/FEE AND ALL QUESTIONS WILL BE ANSWERED
OR, MAIL IN TO HHHYBL, PO BOX 227, HUNTINGTON STATION, NY 11747

| | | |
|-----------|----------------|--------------|
| Monday | April 19, 2021 | 7 PM -- 9 PM |
| Wednesday | April 21, 2021 | 7 PM -- 9 PM |

Open to students entering grades K-12th & beyond in September, 2021.

PLAY WITH FRIENDS OR BRING YOUR TEAM

Also, Fury's highly popular & successful, young adult leagues
Where players compete at higher levels (A or B)

REGISTER NOW, DON'T WAIT!!

Fees: Registration: (Now thru 4/30/21 postmarked): No Exceptions
1ST child: \$225; each add'l child \$200
Late Registration: (After 4/30/21 postmarked)
1st child:\$250; each add'l child \$225

If you can not attend in-house registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2021, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746.
If you require additional information on the youth basketball program or the very popular young adult men's league (different levels), e-mail Dennis: @ cmish11746@gmail.com. Website: www.hhhfury.com

"This notice is distributed to students solely as a community service by the school district.
This distribution is not considered a HHH endorsed or sponsored activity".
All players must submit the front page of their most recent report card.

Please make checks payable to "HHHYBL" (a nonprofit 501C3 entity)

hhhfury.com Dennis 631 258 7604

(application on reverse side)

APPROVED FOR DISTRIBUTION
MAR 03 2021
DR. PA. HICK HARRIGAN
SUPERINTENDENT OF SCHOOLS

Anne
3/2/2021

REMINDER

**HHHYBL - SUMMER
24th SUMMER 2021
YOUTH BASKETBALL PROGRAM**

Application

All applications must be accompanied by payment in full based on the following:

Registration: Thru April 30, 2021, \$225 1st child, additional children: \$200.

After April 30, 2021, \$250 1st child, additional children \$225. No refunds. No exceptions!!

Please make all checks payable to "HHHYBL" Send to: HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746

Print Very Clearly

Last Name _____ First _____ HEIGHT _____ WEIGHT _____

D.O.B. _____ Sex: M/F E-Mail address: _____ Player's Cell # _____

Address : _____
House No. Street City Apt. Zip

Telephone No.(_____) _____ Grade entering in September, 2021? _____

Name of Mother: _____ Father: _____ Play Last Summer? Y ___ N ___

Guardian's Work Phone:(_____) _____ Where did you get application? _____

Mother Cell Phone: (_____) _____ Father Cell Phone(_____) _____

Mother's Occupation _____ Father's Occupation _____

Emergency Contact No:(_____) _____ School attending in 9/20? _____

Planned Vacation Dates: _____ **ALL PLAYERS 9-12 GRADE MUST CARRY ID**

Reliable volunteers are needed to insure the continued success of this program.

I am interested in serving as: Coach Y ___ N ___ Ass't Coach Y ___ N ___

Children entering kindergarten, first or second grade in Sept. 2021 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & might be rated. All children may request placement with friends, subject to availability. If your child has a friend he or she wishes to be placed with, please indicate their name(s) here:

Friend(s): _____

I, the undersigned, give my child permission to participate in the HHHYBL program. I certify that my child is physically fit to participate in strenuous athletic activity and I have obtained clearance from a physician before permitting my child to participate. I agree to hold HHHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHHYBL to act for me according to their best judgment in in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses.

FURY WILL ABIDE BY ALL COVID 19 PROTOCOLS

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance company providing coverage for your child: _____ Policy Number: _____

For Office Use Only: Ratings

| | | | | | | | |
|---------------------|----------------------|--------------------|------------------|--------------------|-----------------|-----------|------------|
| Player Number _____ | payment Method _____ | ck _____ | cash _____ | other _____ | Check No. _____ | Amt _____ | Date _____ |
| Dribbling A B C D | Lay-ups A B C D | Foul Shots A B C D | Shooting A B C D | Rebounding A B C D | Defense A B C D | | |
| Aggressive A B C D | Size _____ | | | | | | |

Overall Rating _____

(Over)