

HHHYBL-SUMMER

**Summer 2019  
Youth Basketball  
Program  
22nd SUMMER**

**REMINDER**

**WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM**  
**JUNE -- AUGUST, 2019**

**Mixed Boys/Girls Evening Intramural Leagues**  
**+ Instructional**

**BASKETBALL IN HOUSE REGISTRATION**

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

<b>Monday</b>	<b>April 15, 2019</b>	<b>7 PM -- 9 PM</b>
<b>Tuesday</b>	<b>April 16, 2019</b>	<b>7 PM -- 9 PM</b>

Open to students entering grades K-12<sup>th</sup> & beyond in September, 2019.

**Also, the highly successful, young adult leagues**  
**where players compete at higher levels (A, B or C).**

**REGISTER NOW!!**

**Fees: Registration: (11/1/18 thru 4/30/19 postmarked): No Exceptions**  
**1<sup>ST</sup> child: \$225; each add'l child \$200**  
**Late Registration: (5/1/19 -- 5/31/19 postmarked)**  
**1<sup>st</sup> child: \$250; each add'l child \$225**  
**Late/late Registration (after May 31, 2019 postmarked)**  
**Each application \$275**

Please attend in-house registration above and have your child(ren) and their friends dress in shorts and wear sneakers; they will be evaluated. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2019, 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."**

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

**hhhfury.com Dennis 631 258 7604**

**(application on reverse side)**

**APPROVED FOR DISTRIBUTION**  
**FEB 27 2019**  
**DR. PATRICK HARRIGAN**  
**SUPERINTENDENT OF SCHOOLS**

*Handwritten signature and date: AMM 2/27/19*

HHHYBL - SUMMER



Application

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

Registration: Thru April 30, 2019, \$225 1st child, additional children: \$200.

After April 30, 2019, \$250 1st child, additional children \$225. After May 31, 2019 \$275 each applicant No refunds. No exceptions!!

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

Print 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, 2019? \_\_\_\_\_

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 9/19? \_\_\_\_\_

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. 2019 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.

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)