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

Registration By August 1st, 2019: \$140

Registration By September 1st, 2019: \$160

Registration By September 9th, 2019: \$180

There are no refunds.

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.BI	E-Mail Address:		
Address:	gravita surressur.		
Telephone No.()_			
Name of Mother:	Father:	to the plant of the property of the party of	ay Last Fall? YN
Guardian's Work Phone:(_		_Where did you get ap	plication?
Mother Cell Phone: (Father C	ell Phone()_	Late Control
Emergency Contact No:()	School attending in	9/19?
Planned Vacation Dates:			
Signing up with a team? Y_	<u> </u>		
team. Confirm with		ng yes above. hes name)N Ass't Coach YN	
my child is physically fit to perform a physician before per and agents harmless for any act for me according to their understand that I am solely	participate in strenuous a mitting my child to parti y liability resulting from i r best judgment in any ei	athletic activity and I had in a cipate. I agree to hold I njury or illness. I here nergency requiring me	ave obtained clearance HHHYFFL, its' employees by authorize HHHYFFL to dical attention. I
Signature of Parent or I	egal Guardian:		Date:
Insurance company pro	– viding coverage for y	our child:	
Policy Number:		, 	
League Officers: Dennis	Fields – Email: <u>cmish</u> 1	<u> 1746@gmail.com</u> – I	Phone: (631)-258-7604
Ben Noskir	n – Email: <u>bnoskin@gma</u>	<u> iil.com</u> – Phone: (631))-766-3253

For additional information, please go to our web site: www.hhhfury.com It is preferred if you first email your questions before calling. This is a not-for-profit 501-C-3 organization This is not a Half Hollow Hills School District sponsored or endorsed activity.

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AUG - 1 2019 DR. PATRICK HARRIGAN

