WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2020

Mixed Boys/Girls Evening Intramural Leagues
+ Instructional

BASKETBALL IN HOUSE REGISTRATION
@ West Hollow Middle School, 250 Old East Neck Road, Melville

Tuesday          April 21, 2020            7 PM -- 9 PM
Thursday        April 23, 2020            7 PM -- 9 PM

Open to students entering grades K-12\textsuperscript{th} & beyond in September, 2020.

Also, the highly successful, young adult leagues
where players compete at higher levels (Aor B).

REGISTER NOW!!

Fees: Registration: (11/1/19 thru 4/30/20 postmarked): No Exceptions
1\textsuperscript{st} child: $225; each add’l child $200
Late Registration: (5/1/20 – 5/31/20 postmarked)
1\textsuperscript{st} child:$250; each add’l child $225
Late/late Registration (after May 31, 2020 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, 2020, 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

All applications must be accompanied by payment in full based on the following:
Registration: Thru April 30, 2020, $225 1st child, additional children $200.
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, 2020? ____________
Name of Mother: ________________    Father: ___________________
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. 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 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)