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)
HHHYBL - SUMMER
24th SUMMER 2021
YOUTH BASKETBALL PROGRAM

Application

All applications must be accompanied by payment in full based on the following:
After April 30, 2020, $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 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

(Over) Overall Rating ____________