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-12th & beyond in September, 2020.

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

REGISTER NOW!!

Fees:
Registration: (11/1/19 thru 4/30/20 postmarked): No Exceptions
1st child: $225; each add’l child $200
Late Registration: (5/1/20 – 5/31/20 postmarked)
1st 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

“\textit{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’’.
\textit{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

Approval for distribution of these materials is not an endorsement of such services, activities and/or products by the Smithtown Central School District
Application

All applications must be accompanied by payment in full based on the following:
After April 30, 2020, $250 1st child, additional children $225. After May 31, 2020 $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 Very Clearly

Last Name ____________________ First ____________________
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: ________________ 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. 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 ______ Check _______ 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 ____________