



# Half Hollow Hills Youth Basketball League

*3 on 3 Basketball Tournament Registration Form*

*Sunday October 19<sup>th</sup> 2008*

Player's name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_

Age: \_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

E-mail : \_\_\_\_\_

Grade in fall 2008: \_\_\_\_\_

School: \_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_

Very Important - Check Level You Have Played

Youth - Intramural

Youth - Travel

Adult

Team Name \_\_\_\_\_

Other Players on Team

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

ENTRY FEE - \$125.00 FOR A (5) PLAYER TEAM

ALL APPLICATIONS ARE DUE NO LATER THAN OCTOBER 5TH, 2008

Make checks payable to: HHHYBL

HHH Youth Basketball League

12 Waydale Dr

Dix Hills, NY 11746

If not registered for the 2008/2009 Hills Basketball League please sign below:

*I, (parent/guardian, circle one) of the above child authorize my child to play basketball in the HHH 3 v 3 Basketball Tournament. I agree that by signing this document that I will not hold the HHH Youth Basketball League, their coaches, officers, or coordinators responsible for any injury or illness arising out of playing basketball. Excess medical coverage will only be provided by the league only after all other valid and collectible medical coverage is exhausted.*

Signed: \_\_\_\_\_ (parent or guardian)

Printed Name: \_\_\_\_\_