



HHHYBL- SUMMER  
(Formerly FTC)

Summer 2010



# ADULT Basketball Program

## APPLICATION

All applications must be accompanied by payment in full by May 15, 2010.  
REGISTRATION: \$175 per player. **NO REFUNDS**

Please make checks payable to "HHHYBL" Send to: HHHYBL, P.O. 227, Huntington Station, N.Y. 11746.

Please print clearly

Last Name \_\_\_\_\_

First \_\_\_\_\_

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

Grade (if app.) entering in Sept. 2010 \_\_\_\_\_

Address : \_\_\_\_\_  
Street City Zip

Mother's Cell \_\_\_\_\_

Father's Cell \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Telephone No. (H)(\_\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_\_) \_\_\_\_\_

Cell Phone (player)(\_\_\_\_\_) \_\_\_\_\_

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

Emergency Contact Telephone: (\_\_\_\_\_) \_\_\_\_\_

Level of play: Team: "A" "B" "C" (circle one) COACH: \_\_\_\_\_  
Individual: "A" "B" "C" (circle one)

I, the undersigned, or the players parent/guardian, have/give permission to participate in the 2010 HHHYBL Adult Summer Basketball Program. I certify that the player is physically fit to participate in strenuous athletic activity of this nature, shall obtain clearance from a physician before participating in this program and agree to hold HHHYBL, its' employees or 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: Player/Parent/Legal Guardian: \_\_\_\_\_  
(MUST BE OVER 21 YEARS OLD)

Date: \_\_\_\_\_

Insurance Company providing coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(OVER)