

Summer 2011

ADULT Basketball Program

APPLICATION

All applications must be accompanied by payment in full by May 15, 2011.
REGISTRATION: \$175 per player. Late fee after May 31, \$190 **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: _____ School in Sept. 2011 _____

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 2011 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: _____ Date: ____ ck # _____
(MUST BE OVER 21 YEARS OLD) amt _____

Insurance Company providing coverage: _____ Policy Number: _____

(OVER)