HHHYBL-SUMMER

 

*REMINDER*

Summer 2017

Youth Basketball Program

###### 20th YEAR

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM

JUNE -- AUGUST, 2017

**Mixed Boys/Girls Evening Intramural Leagues**

**Instructional • Private Training**

###### BASKETBALL IN HOUSE REGISTRATION

###### @ West Hollow Middle School, 250 Old East Neck Road, Melville

 **Tuesday April 4, 2017 6 PM – 9 PM**

 **Wednesday April 5, 2017 6 PM – 9 PM**

Open to students entering grades K-12th & beyond in September, 2017.

*Also, the highly successful, adult leagues*

 *where players compete at higher levels (A/B or C).*

DON’T GET SHUT OUT OR DELAY, REGISTER NOW!!

 **Fees: Registration: (10/1/16 thru 4/30/17 postmarked): No Exceptions**

 **1ST child: $225; each add’l child $200**

 **Late Registration: (after 4/30/17 postmarked)**

 **1st child:$250; each add’l child $225**

 **Late/late Registration (after May 31, 2017 postmarked)**

 **Each application $275; no second child discount**

**If your child participated in the 2016 summer program, he/she has already been rated. If not, please have them, and their friends, dress in proper athletic attire. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2017, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746. New registrants will be evaluated later. If you require additional information on the youth basketball program, the new adult men’s league (different levels),**

**e-mail Dennis: @** **cmish11746@gmail.com****. Website:** [**www.hillsbasketball.com**](http://www.hillsbasketball.com)

 ***“This notice is distributed to students solely as a community service by the school district. This distribution should not be considered an HHH endorsed or sponsored activity”.***

***Please make checks payable to “HHHYBL” (a nonprofit 501C3 entity)***

[***www.hillsbasketball.com***](http://www.hillsbasketball.com) ***(application on reverse) Dennis 258 7604***

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*Summer 2017*

*Youth Basketball Program*



**Application**

**All applications must be accompanied by payment in full based on the following:**

**Registration: Thru April 30, 2017, $225 1st child, additional children: $200.**

 **After April 30, 2017, $250 1st child, additional children $225. After May 31, 2017 $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 clearly*

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEIGHT \_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_M \_\_\_F E-Mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 House No. Street City Apt. Zip

Telephone No.(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade entering in September, 2017? \_\_\_\_\_\_\_\_\_

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 9/17? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Vacation Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ ALL PLAYERS 9-12 GRADE MUST CARRY ID

Volunteers are needed: I am interested in serving as: Coach Y\_\_\_N\_\_\_ Ass’t Coach Y\_\_\_ N\_\_\_

Children entering kindergarten, first or second grade in Sept. 2017 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & must be rated, if not rated in prior year. 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 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 \_\_\_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 \_\_\_\_\_\_\_\_\_\_\_\_**

 **Overall Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Over)**