

Summer 2018
ADULT Basketball Program

HHHYBL

Summer, 2018 Adult League

21st summer

June thru August, 2018

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In House Registration

(West Hollow Middle School, 250 Old East Neck Road, Melville)

Tuesday, April 10, 2018 from 6 PM - 9 PM

Register your team or yourself now!

(Players/teams (minimum of 8 players) divided into "A", "B" or "C" levels)

Entry Fee:

\$175 PER PLAYER (Late fee \$190 after 5/31/18)

Send app/fee to: HHYBL, P.O. Box 227, Huntington Station, N.Y. 11746

8 Game Season + playoffs

ADDITIONAL INFORMATION:

Email: cmish11746@gmail.com web: www.hillsbasketball.com Dennis: 631 258 7604

**DON'T MISS OUT, REGISTER NOW!!!
RESERVE A SPOT FOR YOUR TEAM OR YOURSELF NOW**

(OVER FOR APPLICATION)

HHHYBL- SUMMER



APPLICATION

All applications must be accompanied by payment in full by May 31, 2018.
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. 2018 _____

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 2018 HHYBL 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 HHYBL, its' employees or agents harmless for any liability resulting from injury or illness. I hereby authorize HHYBL 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.

ALL PLAYERS MUST CARRY PICTURE ID & WEAR TEAM SHIRT!

Signature: Player/Parent/Legal Guardian: _____ Date: _____ ck # _____
(MUST BE OVER 21 YEARS OLD) amt _____

Insurance Company providing coverage: _____ Policy Number: _____

(OVER)