

HHHYBL - SUMMER



Application

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

Registration: Thru April 30, 2018, \$225 1st child, additional children: \$200.

After April 30, 2018, \$250 1st child, additional children \$225. After May 31, 2018 \$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, 2018? _____

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 9/18? _____

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

Reliable volunteers are needed to insure the continued success of this program.

I am interested in serving as: Coach Y ___ N ___ Ass't Coach Y ___ N ___

Children entering kindergarten, first or second grade in Sept. 2018 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & might be rated. 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)