

**Summer 2024**  
**YOUTH BASKETBALL PROGRAM**  
**27th YEAR**

**WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM**  
**JUNE -- AUGUST, 2024**

**Mixed Boys/Girls Evening Intramural Leagues**  
**+ Instructional**

**BASKETBALL IN HOUSE REGISTRATION**

West Hollow Middle School, 250 Old East Neck Road, Melville, NY 11747

**SUBMIT APPLICATION/FEE: ALL QUESTIONS ANSWERED & PLAYERS RATED  
OR, MAIL IN TO HHHYBL, PO BOX 227, HUNTINGTON STATION, NY 11746**

**Wednesday April 17, 2024 7 PM - - 9 PM**

**Thursday April 18, 2024 7 PM - - 9 PM**

Open to students entering grades K-12<sup>th</sup> in September, 2024

**PLAY WITH FRIENDS OR BRING YOUR TEAM**

**Also, Fury's highly popular & successful young adult leagues**  
**Where players compete at higher levels**

**REGISTER NOW, DON'T WAIT!!**

**Fees: Early SPECIAL Registration (postmarked): now thru 12/31/2023,  
1<sup>st</sup> child \$225, each additional child \$200  
Reg Registration 1/1/24 - 4/30/24 1<sup>ST</sup> child \$250, each add'l child \$225  
Late Registration: After 4/30/24, 1<sup>st</sup> child \$275, each add'l child \$250,  
After 5/30/24, each application \$300**

**If you can not attend in-house registration and wish to avoid a late fee, please send a completed postmarked registration form on or before April 30, 2024, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746.**

**If you require additional information on the youth basketball program or the very popular young adult men's league (different levels), e-mail Dennis: @ [cmish11746@gmail.com](mailto:cmish11746@gmail.com) or call 631 258 7604. Website: [www.hhhfury.com](http://www.hhhfury.com)**

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

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

**[hhhfury.com](http://hhhfury.com) Dennis 631 258 7604**

**(Application on reverse side)**

**REMINDER**

**HHHYBL – 27th SUMMER  
JUNE – AUGUST 2024  
YOUTH BASKETBALL PROGRAM**

**Application**

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

**Postmarked Registration:** Early SPECIAL now thru 12/31/2023, \$225 1st child, additional children: \$200.

**Regular registration 1/1/2024 – 4/30/2024, \$250 1st child, additional children \$225. Late registration: After 4/30/2024, 1<sup>st</sup> child \$275, additional children \$250, After 5/31/24, each application \$300**

**No refunds. No exceptions!!**

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

**Print Very Clearly**

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

D.O.B. \_\_\_\_\_ Sex: M/F E-Mail address: \_\_\_\_\_ Player's Cell # \_\_\_\_\_

Address : \_\_\_\_\_  
House No. Street City Apt. Zip

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Grade entering in September, 2024? \_\_\_\_\_

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 9/24? \_\_\_\_\_

**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: **COACHES NEEDED** Coach Y \_\_\_ N \_\_\_ Ass't Coach Y \_\_\_ N \_\_\_

Children entering kindergarten, first or second grade in Sept. 2024 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, if time allows. 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.

**FURY WILL ABIDE BY ALL COVID 19 PROTOCOLS**

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)