

HHHYBL-SUMMER

**Summer 2018**  
**Youth Basketball**  
**Program**  
21st SUMMER

**REMINDER**

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM  
JUNE -- AUGUST, 2018

Mixed Boys/Girls Evening Intramural Leagues  
Instructional

**BASKETBALL IN HOUSE REGISTRATION**

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

**Tuesday                      April 10, 2018                      6 PM – 9 PM**

Open to students entering grades K-12<sup>th</sup> & beyond in September, 2018.

*Also, the highly successful, adult leagues*  
*where players compete at higher levels (A, B or C).*

**DON'T GET SHUT OUT, REGISTER NOW!!**

Fees:    Registration: (10/1/17 thru 4/30/18 postmarked): No Exceptions  
   1<sup>ST</sup> child: \$225; each add'l child \$200  
   Late Registration: (5/1/18 – 5/31/18 postmarked)  
   1<sup>st</sup> child:\$250; each add'l child \$225  
   Late/late Registration (after May 31, 2018 postmarked)  
   Each application \$275

Please attend in-house registration above and have your child(ren) and their friends dress in shorts and wear sneakers; they will be evaluated. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2018, 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 adult men's league (different levels) e-mail Dennis: @ [cmish11746@gmail.com](mailto: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 activity is not considered an Elwood School District 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

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)