

# Summer 2022

## YOUTH BASKETBALL PROGRAM

### 25th YEAR

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM  
JUNE -- AUGUST, 2022

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

Monday	April 11, 2022	7 PM -- 9 PM
Wednesday	April 13, 2022	7 PM -- 9 PM

Open to students entering grades K-12<sup>th</sup> in September, 2022

**PLAY WITH FRIENDS OR BRING YOUR TEAM**

Also, Fury's highly popular & successful young adult leagues  
Where players compete at higher levels (A or B)

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

Fees: Early SPECIAL Registration (postmarked): now thru 12/31/2021,  
1<sup>st</sup> child \$200, each additional child \$175  
Regular Registration 1/1/22 - 4/30/22 1<sup>st</sup> child \$225, each add'l child  
\$200  
Late Registration: After 4/30/22, 1<sup>st</sup> child \$250, each add'l child \$225

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, 2022, 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)**

**HHHYBL – 25th SUMMER  
JUNE – AUGUST 2022  
YOUTH BASKETBALL PROGRAM**

**Application**

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

**Postmarked Registration:** Early SPECIAL now thru 12/31/2021, \$200 1st child, additional children: \$175.

**Regular registration 1/1/2022 – 4/30/2022, \$250 1st child, additional children \$225. Late registration: After 4/30/2022, 1<sup>st</sup> child 250, additional children \$225**  
**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, 2022? \_\_\_\_\_

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 9/22? \_\_\_\_\_

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. 2022 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	A	B	C	D	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						