

Summer 2026

YOUTH PROGRAM

29th YEAR: FURY BASKETBALL

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM

JUNE -- AUGUST, 2026

Mixed Boys/Girls playing together
Evening Intramural Leagues
+ Instructional

BASKETBALL IN HOUSE REGISTRATION

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

****SPECIAL!! ATTEND IN-HOUSE REGISTRATION FOR SPECIAL FEE ONLY:**

APPLICATION, FEE PAID, CHILD RATED & PAYMENT

1st CHILD \$225, ADDITIONAL \$200/each

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

Wednesday April 15, 2026 6:30 PM - - 8:30 PM

Thursday April 16, 2026 6:30 PM - - 8:30 PM

Open to students entering grades K-12th in September, 2026

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: Registration 10/1/25 - 4/30/26 1ST child \$275, each add'l child \$250

Late Registration: After 4/30/26, 1st child \$300, each add'l child \$275,

After 5/30/26, each application \$325

If you can not attend in-house registration and wish to avoid additional fees, please send a completed postmarked registration form on or before April 30, 2026, with applicable fee, to FURY BASKETBALL, 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,
e-mail Dennis: @ cmish11746@gmail.com or call 631 258 7604. Website: 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 "FURY BASKETBALL"

hhhfury.com Dennis 631 258 7604

(Application on reverse side)

**HHHFURY – 29th SUMMER
JUNE – AUGUST 2026
YOUTH BASKETBALL PROGRAM**

Application

All applications must be accompanied by payment in full based on the following:
Postmarked Registration: Regular registration 10/1/2025 – 4/30/2026, \$275 1st child, additional children \$250.
Late registration: After 4/30/2026, 1st child \$300, additional children \$275, After 5/31/26, each application \$325
SEE SPECIAL RATED FOR IN-HOUSE REGISTRATION ONLY ON FLYER NO REFUNDS: NO EXCEPTIONS

**Please make checks payable to "FURY BASKETBALL "Send to: PO BOX 227 HUNTINGTON
STATION, NY 11746**

Print Very Clearly & Complete ALL Questions

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, 2026? _____
 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 9/25 _____
 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. 2026 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 FURY BASKETBALL 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 FURY BASKETBALL, 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	Defense A B C D	
Shooting A B C D	Rebounding A B C D			
Aggressive A B C D	Size _____			

Overall Rating _____