

Summer 2025
YOUTH BASKETBALL PROGRAM
28th YEAR

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2025

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

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

Wednesday April 23, 2025 6:30 PM - - 8:30 PM
Thursday April 24, 2024 6:30 PM - - 8:30 PM

Open to students entering grades K-12th in September, 2025

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: Reg Registration 10/1/24 - 4/30/25 1ST child \$275, each add'l child \$250
Late Registration: After 4/30/25, 1st child \$300, each add'l child \$275,
After 5/30/25, 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, 2025, 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, 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 "HHHYBL" (a nonprofit 501C3 entity)

hhhfury.com Dennis 631 258 7604

(Application on reverse side)

REMINDER

Authorized for Distribution

Superintendent of Schools

11/12/24 2 pages total
Date

This activity is neither sponsored nor endorsed by the Deer Park School District or any of its schools or organizations. THE DISTRICT ASSUMES NO RESPONSIBILITY FOR THE CONDUCT OR SAFETY OF ANYONE ASSOCIATED WITH THIS ACTIVITY.

**HHHYBL – 28th SUMMER
JUNE – AUGUST 2025
YOUTH BASKETBALL PROGRAM**

Application

All applications must be accompanied by payment in full based on the following:
Postmarked Registration: Regular registration 10/1/2024 – 4/30/2025, \$275 1st child, additional children \$250.
Late registration: After 4/30/2025, 1st child \$300, additional children \$275, After 5/31/25, each application \$325
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 & 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, 2025? _____
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. 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 HHYBL 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 HHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHYBL 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									