



SUFFOLK COUNTY PAL



Registration for FALL Programs

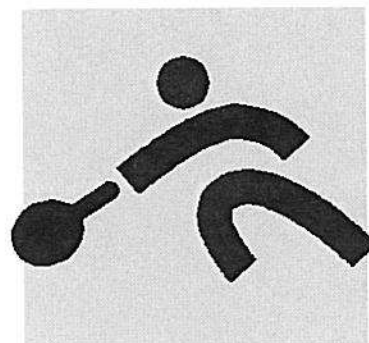
TENNIS

BOYS AND GIRLS:

Grades 1-12

Program designed to give beginner/advanced beginner tennis players expert instruction and interactive play. Professional coaches guide players through fundamentals, skill drills, and various group games. Grouped by grade. Max 6/class. LIMITED SPACE

ONE HOUR CLASSES / 5 WEEKS / \$138



PROGRAM START
OCTOBER 1

PROGRAM LOCATIONS

EASTERN ATHLETIC CLUB, MELVILLE
EASTERN ATHLETIC CLUB, DIX HILLS

TO REGISTER

Saturday, September 12: 3-4:30PM

Location: EASTERN ATHLETIC CLUB, MELVILLE
100 Ruland Rd, Melville, 11747

Sunday, September 13: 3-4:30PM

Location: EASTERN ATHLETIC CLUB, DIX HILLS
854 East Jericho Tpke, Dix Hills, 11746

 **REGISTER FOR EITHER
PROGRAM AT BOTH
LOCATIONS**

**CALL FOR
CLASS SCHEDULE
631-776-8242**

This is not a Half Hollow Hills School District activity.
THE SUFFOLK COUNTY PAL IS A NOT FOR PROFIT 501C3 ORGANIZATION

www.suffolkcountypal.org



Fury Flag Football League **Fall-2009 Season** **FINAL** **Registration**

Fury Flag Football is designed to introduce younger children (1st and 2nd graders) to the game and provide enhanced instruction and games to children in grades 3-12. All participants play in every game. It's a great experience for all involved and helps teach teamwork, leadership, sportsmanship, friendship, discipline, loyalty and pride. The league is designed with safety foremost in mind, and to maximize the fun of the game. Practices will start in September. There will be 8-10 games plus playoffs (grades 3-12) running from September until early December. Games will be played at Five Towns College and other schools within the Half Hollow Hills School District. Games will be played on Sunday's (typically after 12:00pm): times may vary.

2009 League Details

Grades 1-11. 1st and 2nd graders will be instructional with "game like" rules (relaxed) Players may sign up as part of an existing team or as independent players. Independent players may request teammates or the League will place them on a team.

COST: \$125.00 PER PLAYER BEFORE SEPTEMBER, 18, 2009
REGISTER BY MAILING FORM AND CHECK TO: HHYBL-12 WAYDALE DRIVE
DIX HILLS, NY 11746-CHECK IS PAYABLE TO HHYBL or ONLINE-WWW.HILLSFURY.COM

Registration Form (Incomplete forms will NOT be accepted!)

| | | | |
|---|--------------------------|-------------------------|---------------------|
| Player's name: | | Parent/Guardian's name: | |
| Phone: | | Email: | |
| Street: | | Town: | Zip: |
| Grade-Fall-09: | School: | Height: | Weight: Shirt Size: |
| Signing up with a Team? Y or N | | IF YES-COACHES NAME: | |
| PLEASE BE ADVISED, IF SIGNING UP AS TEAM, THE COACH MUST LIST THE PLAYERS ON HIS TEAM. PLEASE CONFIRM WITH YOUR COACH BEFORE CIRCLING YES ABOVE | | | |
| IF NO-DO YOU HAVE A TEAMMATE REQUEST: | | | |
| Played Last Year- Y or N | Coaches Name and League: | | |
| I can help with the following: | Coach | Asst | Team Parent Sponsor |

I, (parent/guardian, circle one) of the above child authorize my child to play flag football in the Fury Flag Football League. I understand that I must provide transportation to all of the games and practices and will furnish my child with the proper athletic shoes and uniform at every practice and game. I agree by signing this document that I will not hold the Fury Flag Football League, HHH Youth Basketball League(HHBYBL), their coaches, officers, or coordinators responsible for any injury arising out of playing football or while in attendance at any game or practice. I UNDERSTAND NO MEDICAL COVERAGE WILL BE PROVIDED BY THE LEAGUE OR ANY OF ITS OFFICERS, DIRECTORS, COORDINATORS, ETC. WHATSOEVER.

SIGNED: _____ (Parent or Guardian) **PRINTED NAME:** _____

LEAGUE OFFICERS: Steven Noskin-email-vturf@aol.com-631-433-0459

Rob Chemtob-email-rchemtob@eaglehomeproducts.com-516-983-0011

FOR ADDITIONAL INFORMATION, PLEASE GO TO OUR WEB SITE:WWW.HILLSFURY.COM

It is preferred if you first email your questions before calling.

This is a not-for-profit 501©3 organization

THIS IS NOT A HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT ACTIVITY

DIX HILLS BASKETBALL ASSOCIATION

PREMIER BASKETBALL LEAGUE FALL REGISTRATION

-- OCTOBER 2009 thru MARCH 2010 --

DIX HILLS BASKETBALL ASSOCIATION was formed to provide children of all ages and talent levels, an opportunity to learn and play organized basketball.

Grades K thru 2 are instructional and will be conducted on Saturdays. Each group formed will have a 1-hour slot scheduled at a local Elementary School between 9am and 5pm.

Grades 3 thru 4 (Boys and Girls) and Girls in Grade 7+ will play Friday evenings after 6pm.

Grades 5 thru 12 (Boys and Girls) will play on Sunday.

Practices will be scheduled once per week at one of the schools in the HHH district.

The season will consist of 10 games plus playoffs.

All registered players in Grades 3 and up must attend an assessment session prior to being drafted. This is not an option. Our objective is to establish parity across all teams within a division.

Special Requests: All requests will be reviewed and accommodated if possible. However, there are no guarantees. Please fill in the Comment box on the front of this form.

Registration: Please fill out the form on the reverse side completely and legibly, and return it with your payment to the address listed on the form. All players must be registered prior to being placed on a team.

| |
|------------------------------|
| In-Person Registration - TBD |
|------------------------------|

Refunds: There are no refunds unless it is a special circumstance, and approved by the Dix Hills Basketball Board of Directors. In addition, once team selections have taken place, no refunds of any kind will be given.

Travel Team: All players must be registered and paid, in order to try out for a Travel Team. You must minimally attend 1 tryout session in order to be considered. Travel Team tryouts will be posted on our website, and announced after our September registration deadline. This program is competitive and requires a strong commitment to the schedule of games and their locations. This league also has an additional fee of \$135.00 which must be paid once you are chosen for a team. Please be certain that you can make this commitment before trying out.

Travel Team Practice: Travel Team players are expected to attend practices when scheduled. Any player who consistently misses practice without good reason will be suspended.

Code of Conduct: All coaches, players and parents will be required to sign a Code of Conduct form, and are expected to adhere to the guidelines therein. Good sportsmanship is what we teach and what we expect of our Players, our Coaches and our spectators.

Volunteers Needed: Please consider helping out our program by volunteering your time to Coach, Assistant Coach or by being a Team Parent. Please check the appropriate box on the front of this form if you are willing/able to help out.

Dix Hills Basketball Association Inc.

A Not-For-Profit Corporation

369 Vanderbilt Pkwy, Dix Hills, NY, 11746 - Phone: 631-777-8475 - Fax: 631-777-8552 - Tony DeSabato, President
Website: www.DixHillsBasketball.com

Challenger Program – providing an athletic experience for children with special needs. Open to age groups from Kindergarten through 12th grade. Call the Office or visit our website for details.

Early Registration – Now thru August 1st 2009. One Child (\$140) – Two Children (\$255) Three or More (\$300)

Mail-In Registration – Please Mail your completed application with Funds to the address above.

Registration Deadline: – September 30th, 2009 ~ NO CASH REFUNDS ~ One Form per Child ~ \$25 Late Fee after 9/30/09

2009-2010 Fall Basketball Program BOYS & GIRLS BASKETBALL LEAGUES -- GRADES K-12

Please choose one: **Intramural Program** (Grades K-12) ☐ **Travel Team Tryout** (Grades 4-12) ☐ **Challenger Program** ☐

| One Child | Two Children | Three or More Children | Travel Team |
|--|--------------|---------------------------|---|
| \$155 | \$285 | \$330 | An Additional \$135 Travel Fee is required for all travel team players. This includes a one time uniform fee. If my child is not chosen for a Travel team, he or she can be automatically placed in the Intramural program: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <u>Family Last Name</u> | | <u>Child's First Name</u> | <u>Parent or Guardian's Name</u> Mother: Father: |
| <u>Home Address</u> | | <u>Town</u> | <u>Zip</u> <u>Home - Phone Number</u> |
| <u>Gender</u> Male <input type="checkbox"/> Female <input type="checkbox"/> | | <u>Date of Birth</u> | <u>Cell Number</u> Mother: Father: |
| | | | <u>Returning Player:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|------------------------------|---|
| <u>Family E-Mail Address</u> | <u>Shirt Size:</u> YS - <input type="checkbox"/> YM - <input type="checkbox"/> YL - <input type="checkbox"/> AS - <input type="checkbox"/> AM - <input type="checkbox"/> AL - <input type="checkbox"/> AXL - <input type="checkbox"/> 2XL - <input type="checkbox"/> |
|------------------------------|---|

| | | |
|------------------------------------|----------------|--|
| <u>Grade</u> (as of Sept 2009): | <u>School:</u> | <u>Volunteer:</u> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Sponsor <input type="checkbox"/> League Administration <input type="checkbox"/> Fundraising <input type="checkbox"/> |
|------------------------------------|----------------|--|

Payment Information

All Payments must be made by check or credit Card. Make checks payable to: **Dix Hills Basketball Association Inc.**

Credit Card: American Express ☐ MasterCard ☐ VISA ☐ Total Amount \$ _____ Security Code _____

Credit Card # _____ EXP Date: _____ Name on Card _____

Billing Address on Card _____ Signature of Card Holder: _____

Comments:

Medical Information: (Please indicate any medical conditions)

Parental Agreement

I the parent/Guardian of my son/daughter give permission for them to participate in the Dix Hills Basketball Association Inc. program. I hereby waive, release, and agree to hold harmless the Dix Hills Basketball Association Inc., its officers, directors, organization, coaches, participants, consultants, volunteers or the facility where play is performed, from any claim arising from any injury or loss to my child.

Signature of Parent/Guardian

Today's Date

Emergency Contact

Emergency Phone

Office Use Only: Cash _____ Check _____ Date _____ Amount _____ Reg # _____

THIS IS NOT A HALF HOLLOW HILLS SCHOOL DISTRICT ACTIVITY