Principal’s Corner
This Monday marked the first day of our After School Program. Thank you to Mrs. Dimaio and Mrs. Dudek for putting together what promises to be a great experience for our students after school. On Tuesday, our PTG held our annual Tomato Sauce Day. Thank you to the PTG volunteers who served tomato sauce to our students during lunch. What a thrill it was to see everyone Tuesday night! I cannot thank our community enough for the support we received at Back-to-School Night. West Side was bustling with parents meeting new teachers, catching up with former teachers and friends, and building the lines of communication between the home and school, which is so important for a successful school year. As I mentioned at Back-to-School Night, we are very fortunate to have an increased number of iPads in our school. Thanks to the support of the Cold Spring Harbor Educational Foundation, each grade level now has one class set of iPads. Also this week, our fourth graders participated in the Journeys into American Indian Territory program. I was fortunate enough to observe a workshop where students were exploring the qualities of a good law, as well as those of a strong leader. Every child can certainly be a leader.

Seussical Jr.
Please contact Mr. Adler with any questions at 516.551.2797 or via e-mail at oldandnewellis@aol.com. For more information, please visit www.wssta.org.

West Side Win
There are less than 50 tickets still available for the West Side Win. Thank you to all the families who have already purchased a ticket to support this fundraiser. Ticket stubs for those who have purchased will be sent home via backpack today!

Buy your ticket before we sell out!! Each raffle ticket costs $100. Make all checks payable to WSS-PTG. All ticket holders are invited to the West Side Win Cocktail Party hosted by the Vardy/Stein Family on Friday, October 17th at 7pm. Party will have live music, door prizes, delicious food and of course great company! Winners of the raffle will be announced at the party. Help support the PTG and all of the programs it brings to our children by supporting this great event.

Recess Committee
If you would like to volunteer at recess during the 2014/2015 school year, please contact Laurel Moynihan at WestSideRecess@gmail.com. Volunteers must attend a brief committee meeting at 9am on Tuesday, October 14th.

Photo Day
Photo day is next Thursday, October 9th. There are no manual order forms this year. Photo proofs will be sent directly to you via email within one week. You can then choose a photo, background and package online and the order will be sent directly to your home. If you would like to volunteer to help on photo day please contact Dana Ginobbi @ danalastritta@hotmail.com or Marjorie McHale @ drblieka@hotmail.com.

Halloween Dance
Please join us on Friday, October 24 from 5:30-7:30 for the annual WSS Halloween Dance. There will be pizza, DJ, crafts and spooky fun for all. Come in your costume and join in our costume parade and be eligible to win a super raffle prize. This is not a drop off event. All children must be accompanied by an adult.
**Book Fair**
Mark your calendars! Get ready to enter our Kingdom of Books Scholastic Book Fair! West Side’s annual book fair will be on Thursday, October 23rd and Friday, October 24th. You may come shop with your children when their classes shop the fair (a schedule will be out as it gets closer to the event) or you can join us for Family Time on Thursday, October 23rd from 3-5pm. If you would like to volunteer to help out with this great event contact Jill DeMarco - jed1273@yahoo.com

**West Side Kids Care**
The West Side Food Pantry is open for business. Please drop off all contributions (healthy after school snacks especially requested) on the shelves between the two sets of doors in the Airplane Lobby. All donations benefit the Tri Community Youth Agency, a private not-for-profit community based agency dedicated to supporting the growth and development of youth and their families in Huntington, South Huntington and Cold Spring Harbor.

Coat Drive: Help keep those less fortunate warm this winter! We need your help in collecting gently used coats, hats, scarves, gloves and mittens for men, women and children. Please make sure all donations are cleaned. Our Annual Winter Clothing Drive will support the Helping Hands Rescue Mission who will distribute items directly to families in our community. A collection box will be in the West Side Lobby through Wednesday, October 22. Please contact Dana Lynch (dana@theblacktop.net) with any questions.

One week left.....Sign up today!
The CSH Ed Foundation Power (lunch)Hour hosting Educational Technology Expert and District Consultant Bruce Friend along with District Administration will provide you with great information on your child’s education. Please see attached flyer to reserve your seat today.

**Important WSS Dates**

- **Photo Day:** Thurs, October 9th
- **Noon Dismissal:** Fri, October 10th
- **Columbus Day – No School:** Mon, October 13th
- **PTG Meeting:** Tues, October 14th at 9:30 AM in the Community Room
- **BOE Meeting:** Tues, October 14th at 8:00 PM at District Office
- **West Side Win:** Fri, October 17th at 7:00 PM at the Vardy-Stearn Residence
- **Book Fair:** Thurs and Fri, October 23rd and 24th in the Community Room
- **Parent-Teacher Conf. Gr. 2:** Fri, October 24th
- **Halloween Dance:** Fri, October 24th at 5:30 (No drop offs please)

**Attachments from the School**

- Page 3 WSKC Annual Winter Clothing Drive
- Page 4 WSSPTG Clothing Order Form
- Page 5 CSH Ed Foundation
- Page 6 CSH Lacrosse Registration
- Page 7 BOE Meeting
- Page 8 Bullying Workshop
- Page 9 Fish Hatchery Festival
- Page 10 Children’s Costume Parade
- Pages 11-12 Operation E.D.I.T.H. Drill
- Page 13 Jack-O-Lantern Pumpkin Contest
- Page 14 CSH Public Library Youth Services
- Page 15 YMCA Safe Fun Friday Nights
- Pages 16-21 CSH Youth Basketball League
- Pages 22-23 Summer Youth Basketball Program
Help keep those less fortunate warm this winter! West Side Kids Care needs your help in collecting gently used coats, hats, scarves, gloves and mittens for men, women and children. Please make sure all donations are cleaned. This Winter Clothing Drive will support the Helping Hands Rescue Mission who will distribute the items directly to families in need right here in our community.

A collection box will be in the West Side lobby from Monday, October 6th through Wednesday, October 22nd.

Please involve your children in this effort of going through closets and sharing.

Thank you for giving warmth! Your generosity is greatly appreciated!

If you have any questions, please contact Dana Lynch or Maria Reilly.
**WEST SIDE SCHOOL PTG**  
**FALL 2014 ORDER FORM**

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**DUE DATE SEPTEMBER 24TH**

Grade/Teacher: ____________________  
Name: ______________________________  
PH/Email: ____________________________  
Payment: ____________________________

Checks Payable to: WSS-PTG

Submit completed form with payment to: Main Office, Attn: Maria Reilly  
Contact: Maria Reilly; Marathoner11@yahoo.com
Teachers, Textbooks & Technology

Blended Learning: What is it and how does it affect YOUR child’s classroom today?

An interactive exchange between

- Educational Technology Expert and District Consultant, Bruce Friend
- School District Leadership
- The Community

Thursday, October 9th
11:45 am
CSH Public Library

Lunch Will Be Served * Reserve your spot today!
E-mail “I’m In” to cshedfoundation@gmail.com
Register Now for Spring Lacrosse

Cold Spring Harbor Youth Lacrosse Club is offering the following programs this spring:

**Boys K-1**<sup>st</sup> and **Girls K-1**<sup>st</sup>
Intramural League: weekly clinics focusing on skill development

**Boys 2**<sup>nd</sup>–6**th** and **Girls 2**<sup>nd</sup>–6**th**
Travel League: teams will practice 2-3 times per week and compete weekly against other town travel programs

**Boys 7**<sup>th</sup>–8**th**
Travel League: no practices, just Sunday games

**Registration closes on October 31**<sup>st</sup>
Please tell your friends to register today!

For registration and more information, please visit: www.cshlax.com

For any questions, please contact: cshlacrosse@gmail.com
Please be advised that a regular meeting of the Board of Education will take place on October 14, 2014, at 6:00 p.m. at The Francis Roberts Community Center, at which time the Board of Education may consider a motion to adjourn to Executive Session to discuss matters appropriate for Executive Session. If no such motion is adopted, the meeting will recess until 8:00 p.m.

At 8:00 p.m., the Board of Education will reconvene its public meeting to discuss Board Agenda items appropriate for Public Session, pursuant to the Open Meetings Law.

[Signature]

William Bernhard, District Clerk
October is National Bullying Prevention Month

How To Bully-Proof Your Child

Free monthly workshop series
Tuesday, October 14th, 7:45 - 9:00 pm
Presenter: Dr. Max Banilivy
Asst. Director at Pederson-Krag Center Huntington

Pederson-Krag Center
1st floor, Conference Room 3
55 Horizon Drive, Huntington, NY 11743
At intersection of Rt. 110 & Semon Rd., go 1 block west (behind Big H Shopping Center).

This workshop is for parents/caregivers and professionals.
Workshop will start and end promptly.
Registration required by Oct. 10th. Please contact Pat Hillenbrand
phone: (631) 223-5028    e-mail: phillenbrand@pedersonkrag.org
Fish Hatchery Festival

October 4, 2014

Rain date: October 11
10am - 4:30pm
Admission: $6 Adults
$4 Children/Seniors
Members Free

Kid's Fishing
Fishing for ages 12 & under.
Coaches welcome! Keep your catch.
Raceway stocked with hungry trout!

Petting Zoo
Castle Bouncer
Pumpkin Patch

Games • Environmental Exhibitors
Food • Live Animal Encounters • Music

1660 Route 25A, Cold Spring Harbor, NY 11724 • (516) 692-6768 • www.cshfha.org
COUNCILMAN MARK CUTHBERTSON, SUPERVISOR FRANK P. PETRONE, & THE TOWN OF HUNTINGTON ARE PROUD TO SPONSOR A CHILDREN’S COSTUME PARADE ON HALLOWEEN IN HUNTINGTON VILLAGE

The Town of Huntington will sponsor its Annual Children's Halloween Costume Parade in Huntington Village on Friday, October 31st at 4:15 p.m. Children of all ages (and their parents or guardians) are welcome to walk in the parade and participants should plan to meet in front of the Huntington Post Office on Gerard Street in Huntington Village at 4:00 p.m. Children will walk from Gerard Street to the intersection of Wall Street and Main Street (25A).

Village Merchants will pass out candy to trick-or-treaters for its "Safe Trick-or-Treat Program." Dress up and bring a goody bag to hold your candy!

For more information about the parade, please call 351-2877. (In the event of inclement weather, the parade will be cancelled.)

DISCLAIMER: This notice is distributed to students solely as a community service by the school district. Such distribution should not be considered to be an endorsement of approval by the district of either the sponsor or the activity.
October 22, 2014 7:00 P.M.

TOWNWIDE

Operation E.D.I.T.H. Drill

1. Feel the door to check if it's HOT! If it's Not Hot open the door slowly, bracing it with your knees and shoulder. But be prepared to slam it shut quickly if there's smoke and fire on the other side.

2. If the door is blocked by smoke or fire, leave through a window or secondary emergency route.

3. Once out of the house go directly to your meeting place, such as a tree or mailbox on your front lawn.

Knowing How To React In A Fire Could Save Your Life, Or The Lives of your Children

Coordinated through the efforts of the Town of Huntington Office of the Fire Marshal and in conjunction with your local Volunteer Fire Departments.

OFFICE OF THE FIRE MARSHAL
351-3138

"E.D.I.T.H." Stands For... “Exit Drill In The Home"
SMOKE DETECTORS

Most fatal residential fires occur while the occupants are asleep. Installing smoke detectors outside bedroom areas will provide the extra minutes of warning needed to escape. The most recent figures available from the National Fire Incident Reporting System indicates that the installation of a Smoke Detector will double your chance of survival during a fire.

DEVELOPING THE PLAN

Members of the family should work together to draw a plan of each floor of your house where bedrooms are located.

Your plan should include:
- The location of Smoke Detectors.
- Two escape routes; one for normal and one for Emergency use.
- All doors, windows, stairways, fire escapes and adjacent buildings.
- A central meeting place outside your home.

If a window is designated as an Emergency Route, make sure the person who uses it is able to reach and unlock the window, remove the screen and / or the storm window, reach the ground safely.

Designate someone to call the fire department from a neighbor's house. Post a copy of your finished plan in a conspicuous place as a constant reminder.

PRACTICE YOUR PLAN ON A MONTHLY BASIS AND REMEMBER THESE IMPORTANT HINTS:

- Sleeping with bedroom doors closed can add valuable minutes of protection against flame, smoke and toxic gases.
- If you have a telephone in your room, have the Fire Department's number on it or nearby.
- Keeping a whistle, horn, or other such audible signal near your bed may prove valuable in waking other members of your family who may not hear the smoke detector. If family members use a different signal you will know who is awake without opening doors.

MAKE OPERATION E.D.I.T.H.
A MEMBER OF YOUR FAMILY!

PUTTING THE PLAN INTO ACTION

If the smoke detector sounds or you smell smoke, wake your family with your signal. If you hear another signal answer with yours. Keep Calm. Roll out of bed and crawl to the door. Feel the door from bottom to top. If it is hot near the top do not open it. Proceed to your designated emergency exit.

If the top of the door is not hot, brace your foot and shoulder against it and open it carefully. If there is only light smoke, crawl to the normal exit. If the smoke is dense or the door is hot use the Emergency Exit. Report to the designated meeting place.

Notify the Fire Department from a neighbor's house. DO NOT ALLOW ANYONE TO RE-ENTER THE BUILDING FOR ANY REASON.

TOWN OF HUNTINGTON
OFFICE OF THE FIRE MARSHAL
351-3138
Lloyd Harbor Jr. Historical Society Presents

Jack-o'-Lantern Carved Pumpkin Contest

Hand Carved Pumpkins Only

Bring Your Carved Pumpkin!

Autumn Bake Sale

At the George Weir Barn

Prizes!

Sunday Oct. 19th 2:30 PM

$5 Donation
For Kids & Teens! Programs from Cold Spring Harbor Library’s Youth Services Department. Registration Required!

Little Scientists
Thursday, October 9 @ 2:00 pm
For Children in Preschool
Explore the wonderful world of science with books, games, and hands-on activities!

Facts & Fun: Hoot says the OWL!
Tuesday October 7 @ 4:30 pm
For Children in Kindergarten and 1st Grade
Through non-fiction books and other activities students will explore the wonderful and mysterious world of OWLS.
(This program is in-line with New York State common core guidelines)

TEEN PROGRAM
ACT PRACTICE TEST
SATURDAY, OCTOBER 4 from 10:00 am—2:00 pm
The 3.5 hour ACT Practice Test prepares students for taking the actual ACT exam. Students will receive feedback about their test performance. This FREE exam is offered by Kaplan.
Results will be emailed to students within three weeks after taking the exam.

For more information about any Kids or Teen Programs, contact a Youth Services Librarian at the Cold Spring Harbor Library - 631-692-6820

For Adults! Programs for Grown-Ups from Cold Spring Harbor Library’s Information Services Department

A New Addition to our Museum Pass Program:

Our complete roster includes:
- Long Island Museums:
  - Cold Spring Harbor Fish Hatchery
  - Cradle of Aviation Museum
  - Heckscher Museum of Art
  - Long Island Children’s Museum
  - Nassau County Museum of Art
  - Old Westbury Gardens
  - Suffolk County Vanderbilt Museum & Planetarium
  - The Whaling Museum & Education Center of Cold Spring Harbor

- New York Museums
  - American Museum of Natural History
  - Intrepid Sea, Air & Space Museum
  - Solomon R. Guggenheim Museum
  (also admits to the Brooklyn Museum)

For more information about any Adult Program, contact Information Services at the Cold Spring Harbor Library at 631-692-6820.
"TGIF"
FREE PRE-TEEN CENTER AT THE HUNTINGTON YMCA

Grades 5th—7th
ENJOY SAFE FUN FRIDAY NIGHTS

Program is held at the Y HEC Building at 423 Park Ave.
Activities include: Swimming, Fitness, Sports, Game Room, Arts & Crafts.
Other Special Activities: Cycle, Hip Hop, Boot Camp, Dance & Zumba.

- **REGISTER:** Visit the Y Member Service Desk at 60 Main St or 423 Park Ave. Forms need to be filled out by parent/guardian and signed by Pre-Teen.
- **Membership is not required.**
- Forms are also available online: www.ymcali.org/Huntington / Got to: Programs & Services and hit teen programs. Just fill out and bring it with you on your first visit.

This notice is distributed solely as a community service by the school district. Such distribution should not be seen as an endorsement or an approval of either the sponsor or the activity.
COLD SPRING HARBOR
YOUTH BASKETBALL LEAGUE

REGISTRATION FOR THE 2014 – 2015 SEASON

Please print out the application, fill it out completely & mail with your check, made out to “CSH Youth Basketball League” to:

Chris Northacker
1 Saw Mill Lane
Cold Spring Harbor, NY 11724

DEADLINE: Oct. 4, 2014

PLAYERS: All Boys and Girls in grades 3rd, 4th, 5th and 6th

FEE: $150.00 (includes home/away jerseys & shorts, basketballs, referees, scorekeepers, insurance, facilities use fees and trophies)

Cash or check made out to “CSH Youth Basketball League”

* League starts November 2014 thru February 2015
* 8 to 10 games with referees and scorekeepers
* 1 Practice a week plus 1 Game a week
* Playoff games for every team
* Trophies for every player

If you have any questions, please call Chris Northacker at 631-678-2772

PARENTS WE NEED VOLUNTEERS!! LET US KNOW ON THE APPLICATION IF YOU ARE INTERESTED IN COACHING.
COLD SPRING HARBOR YOUTH BASKETBALL LEAGUE

REGISTRATION FEE : $150.00 (3rd, 4th, 5th, 6th grade players)

Make Check Payable to: CSH YOUTH BASKETBALL LEAGUE

LAST NAME________________________ FIRST NAME________________________

ADDRESS________________________ CITY________________________

STATE________ ZIP CODE________ DATE OF BIRTH_______________________

HOME PHONE_____________________ E-MAIL________________________

SCHOOL________________________ GRADE_____ BOY_____ GIRL_____

DID YOU PLAY IN THE CSH BASKETBALL LEAGUE LAST YEAR? __________

WHO WAS YOU COACH? ___________________________________________

MOTHER’S NAME________________________ CELL # ______________________

FATHER’S NAME________________________ CELL # ______________________

EMERGENCY CONTACT____________ PHONE # ______________________

DOCTOR’S NAME & PHONE #________________________________________

MEDICAL CONDITIONS OR PROBLEMS

PARENTS SUPPORT: WE ASK FOR PARTICIPATION OF PARENTS IN OUR PROGRAM! PLEASE CHECK THE APPROPRIATE BOXES

COACH _______ ASST. COACH _______

We expressly assume all risks & hazards, directly from, or incidental to, participation in the CSH Youth Basketball League and we do hereby hold harmless the organizers, supervisors, coaches & participants from any claim arising out of injury to our Son/Daughter except to the extent & in the amount covered by applicable accident or liability insurance. We as Parents/Guardians have medical insurance for our Son/Daughter in case of injury associated with the CSH Youth Basketball League & acknowledge that the CSH Youth Basketball League does not have any medical insurance.

SIGNATURE OF PARENT/GUARDIAN____________________________________

Cash__________ Check #__________ Check Amount ____________
CSH YOUTH BASKETBALL LEAGUE
2014 – 2015 Season

Evaluations for ALL Players
(3rd to 6th grades)

@ West Side School

Tuesday, Oct. 14th
6:30 to 7:45pm 3rd gr. Boys
8:00 to 9:15pm 5th gr. Boys

Wednesday, Oct. 15th
6:30 to 7:45pm 3/4th gr. Girls
8:00 to 9:15pm 6th gr. Boys

Thursday, Oct. 16th
6:30 to 7:45pm 4th gr. Boys
8:00 to 9:15pm 5/6th gr. Girls

• Please wear shorts & sneakers & be ready to play basketball. BE ON TIME.

*** Practices will start on Monday, Nov. 10, 2014
CSH YOUTH BASKETBALL LEAGUE
2014 – 2015 Season

I agree to make every effort to attend all practices and games for the 2014 - 15 Basketball season. I understand that I will be excused for illnesses & family obligations. I will call my coach as soon as I know I can’t make a practice and/or a game. Basketball is a team sport & I understand that if I miss too many practices, I am letting my team down.

___________________________
Player’s Signature

As a family, we agree to follow the CSH Youth Basketball League’s rules for Behavior during practices and games. There will be NO wandering the halls or classrooms and no school property will be touched. All siblings and/or friends who are brought to the games, will be supervised by an adult at all times. Everyone is to be in the gym watching the games. If any child needs to use the bathroom, they will be escorted there by an adult. We will cheer on all the players on the court & be respectful of the referees, scoreboarders and coaches. All Custodians are to be treated with the utmost respect. Our program cannot run without them.

___________________________  ___________________________
Parent’s Signature  Player’s Signature
COLD SPRING HARBOR
YOUTH BASKETBALL CLINIC

REGISTRATION FOR THE 2014 – 2015 SEASON

Please print out the application, fill it out completely & mail with your check, made out to “CSH Youth Basketball League” to:

Chris Northacker
1 Saw Mill Lane
Cold Spring Harbor, NY 11724

DEADLINE:  Oct. 4, 2014

PLAYERS:  All Boys and Girls in 1st and 2nd grade

FEE:  $100.00  (includes uniforms, basketballs, insurance, facilities use fees & trophies)

Cash or check made out to “CSH Youth Basketball League”

* Separate clinic for boys and girls
* Clinics to be held on Saturdays at Goosehill Primary School
* Clinics run from December 2014 thru March 2015
* 9 weeks of basketball
* Trophies for every player

If you have any questions, please call Bridget Perlmutter at 631-367-1096

PARENTS WE NEED VOLUNTEERS!!  LET US KNOW ON THE APPLICATION IF YOU ARE INTERESTED IN COACHING.
COLD SPRING HARBOR YOUTH BASKETBALL LEAGUE

REGISTRATION FEE: $100.00 (1st and 2nd grade players)

Make Check Payable to: CSH YOUTH BASKETBALL LEAGUE

LAST NAME __________________________ FIRST NAME __________________________

ADDRESS __________________________ CITY __________________________

STATE __________ ZIP CODE __________ DATE OF BIRTH __________________________

HOME PHONE __________________________ E-MAIL __________________________

SCHOOL __________________________ GRADE ____ BOY ____ GIRL ____

DID YOU PLAY IN THE CSH BASKETBALL LEAGUE LAST YEAR? ____________

WHO WAS YOU COACH? __________________________

MOTHER'S NAME _______________ CELL # _______________

FATHER’S NAME _______________ CELL # _______________

EMERGENCY CONTACT ___________ PHONE # _______________

DOCTOR’S NAME & PHONE # __________________________

MEDICAL CONDITIONS OR PROBLEMS __________________________

PARENTS SUPPORT: WE ASK FOR PARTICIPATION OF PARENTS IN OUR PROGRAM! PLEASE CHECK THE APPROPRIATE BOXES

COACH __________________________ ASST. COACH __________________________

We expressly assume all risks & hazards, directly from, or incidental to, participation in the CSH Youth Basketball League and we do hereby hold harmless the organizers, supervisors, coaches & participants from any claim arising out of injury to our Son/Daughter except to the extent & in the amount covered by applicable accident or liability insurance. We as Parents/Guardians have medical insurance for our Son/Daughter in case of injury associated with the CSH Youth Basketball League & acknowledge that the CSH Youth Basketball League does not have any medical insurance.

SIGNATURE OF PARENT/GUARDIAN __________________________

Cash ___________ Check # ___________ Check Amount ___________
HHHYBL-SUMMER
(Formerly Five Towns College)

Summer 2015
Youth Basketball Program

18th Year

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2015

Mixed Boys/Girls Evening Intramural Leagues
Instructional • Private Training

BASKETBALL IN HOUSE REGISTRATION
@ Five Towns College (305 N Servive Road, Dix Hills)

Thursday March 26, 2015 6 PM – 9 PM
Saturday March 28, 2015 9 AM – 12 PM

Open to students entering grades K-12th & beyond in September, 2015.

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

DON’T GET SHUT OUT OR DELAY, REGISTER NOW!!

Fees:  Registration: (10/1/14 thru 4/30/15 postmarked): NO EXCEPTIONS
1st child: $200; each add’l child $180
Late: (after 4/30/15 postmarked:)
1st child: $225; each add’l child $200
Late/late: (after 5/30/15 $250 each applicant)

If your child participated in the 2014 summer program, he/she has already been rated. If not, please have them, and their friends, dress in proper athletic attire. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2015, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746. New registrants will be evaluated later. If you require additional information on the youth basketball program, the new adult men’s league (different levels) and/or private training, e-mail Dennis: cmish11746@gmail.com. website: www.Hillsbasketball.com

"This notice is distributed to students solely as a community service by the school district. This distribution should not be considered an endorsement or approval by the district of either the sponsor or the activity."

Please make checks payable to “HHHYBL” (a nonprofit 501C3 entity)

www.hillsbasketball.com  (application on reverse)
HHHYBL - SUMMER
(Formerly Five Towns College)

Summer 2015
Youth Basketball Program
Application

All applications must be accompanied by payment in full based on the following:
After April 30, 2015, $225 1st child, additional children $200. After 5/31/15, $250 per 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 ___________ Grade entering in September, 2015? ______

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 9/14? ___________________________

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. 2015 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & must be rated, if not rated in prior year. 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 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

<table>
<thead>
<tr>
<th>Player Number</th>
<th>Payment Method</th>
<th>Lay-ups</th>
<th>Rebounding</th>
<th>Overall Rating</th>
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<td>A B C D</td>
<td>A B C D</td>
<td>A B C D</td>
<td></td>
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<tr>
<td>Shooting</td>
<td>A B C D</td>
<td>A B C D</td>
<td>A B C D</td>
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<tr>
<td>Aggressive</td>
<td>A B C D</td>
<td>A B C D</td>
<td>A B C D</td>
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(Over)