

Town of Moreau 2026 Bulldog Select Basketball "Big 3" Basketball Camp Registration

Boys & girls welcome



SUMMER CAMP SERIES at MOREAU RECREATION-NOLAN COURT

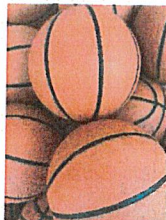
WEEK 1 – JUNE 29-JULY 2 (M-TH)

WEEK 2 - JULY 6-9 (M-TH)

WEEK 3 - OFF

WEEK 4 - JULY 21-24 (T-F)

WEEK 5- JULY 27-30 (M-TH)



GROUP 1 (GRADES 5-6-7-8) as of 2026/27 school year

GROUP 2 (GRADES 1-2-3-4) as of 2026/27 school year

Time: 10 am-noon

Any school district athlete can sign up for this program

Register for one week or for the whole program.

\$60 for 1 week or \$225.00 for 4 weeks

Camp runs MON—THURS exception week 4 (rainouts made up on Friday of that week)

Camp Director information:

Coach Al Vasak III

- 30 years coaching experience
- 20-year basketball camp director
- 25 years teaching K-12 physical education

Payment can be made at the Moreau Town Clerk's Office on Monday-Friday from 8:00 AM - 4:00 PM

Or mail payment to: Town of Moreau Recreation
351 Reynolds Road
Moreau, NY 12828

****You may also leave registration forms and fees in the black mailbox in front of Town Hall after hours****

PLEASE RETURN BOTTOM HALF

I certify that I am the legal parent/guardian of the participant and give permission for the child listed below to participate in the Big 3 Summer Basketball Camp. I understand that participation in youth sports may result in serious injury. I hereby agree to indemnify, hold harmless, and waive liability of the Town of Moreau, The Town Board, the employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in this program sponsored by the Moreau Recreation Department or while using Recreation Department facilities.

Participant Name _____ Grade (Fall 2026) _____

Does your child have any conditions that may limit his/her ability to participate? Y N

If yes, please explain modifications or support necessary to allow for participation _____

Parent/Guardian Name _____ Daytime Phone Number _____

Address _____ Email _____

Name of Family Medical Plan _____ Pertinent Allergies/Medical Information _____

Parent/Guardian Signature _____ Date _____

If you have any questions, please reach out by email to recclerk@townomoreau.org

Total Amt Due— _____ Paid on _____ Cash _____ Check _____ Charge _____