Town of Moreau Recreation
Winter Basketball Program for Grades K-2



Registration Fee - $25 due by November 27, 2026

Payment can be made by visiting the Town Clerk's Office Monday-Friday from 8:00 am to 4:00 pm
Or mailing payment to: Town of Moreau, 351 Reynolds Road, Moreau, NY 12828

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

*****Late registrations accepted until 12/20/2026 (no shirts guaranteed) *****

- This will be a Saturday morning instructional basketball program beginning on **January 9th and ending on February 13**.

- Program participants will be divided into kindergarten, 1st and 2nd grade age groups. If needed, the groups may be broken down further. Boys and girls will play together within these groups.

- Practices will be at either Moreau or Harrison Elementary School under the direction of volunteer coaches:
  Saturday Morning (15 minute for transition)
  - 9:00-10:00
  - 10:15-11:15
  - 11:30-12:30

- **PARENTS & GUARDIANS - There will be a limit to one supervising adult per child for practices/games this season as space is very limited at the elementary gyms. There will be opportunities to volunteer for each game in different capacities. *****Drinks will only be allowed if they have a sealable top.**





For more information, please contact:
recreation@townofmoreau.org or call 518-538-0136
recclerk@townofmoreau.org or call 518-792-1030 x 222



INTERESTED IN BEING A VOLUNTEER COACH?

Legal Name _____ DOB_____

Email _____ Phone _____

Do you have a child participating? Y or N

If yes, Child's Name _____

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Participant Name _____ Grade _____ DOB _____ Gender_____

Have you played Rec basketball before? Y N SGF Elementary School Attended _____

Siblings playing this season? (Full Names and Grade) _____

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

If yes, please explain any modifications or support necessary that may allow for participation _____

T-Shirt Size (circle one): YOUTH: S M L XL ADULT: S M L XL XXL

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

I certify that I am the legal parent/guardian (circle one) of the participant and give permission for the child listed above to participate in Town of Moreau Youth Basketball Program. I understand that participation in this program 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 any program sponsored by the Moreau Recreation Department or while using Recreation program facilities.

Date _____ Parent/Guardian Printed Name _____ Parent/Guardian Signature_____

Parent/Guardian Email _____ Parent/Guardian Daytime Phone Number _____

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For Office Use Only:

Total amount due _____ Paid on _____ _____Cash _____Check # _____Credit Card