

# Town of Moreau Recreation

## Winter Basketball Program for Grades 3-6



**Registration Fee - \$35 due by November 29, 2024**

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 December 20, 2024 (no shirts guaranteed) \*\*\*\****

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- For grades 3 & 4, this program will be co-ed and focus more on fundamentals with limited game play.
  - For grades 5 & 6, the program will be split between boys' and girls' teams, be more competitive with more game play and focus a little less on fundamental skill development.
  - **Practices will begin the week of December 11<sup>th</sup> and the program will end in early March.**
  - Players will practice and play games under the direction of volunteer coaches. Practices and games will be held on Wednesday and/or Friday at two times: 5:00-6:30 or 6:30-8.
  - **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](mailto:recreation@townofmoreau.org) or call [518-538-0136](tel:518-538-0136)

**Town of Moreau Youth Basketball - 2024**



**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 \_\_\_\_\_

Name of Family Medical Plan \_\_\_\_\_ Allergies/Medical Information \_\_\_\_\_

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

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 Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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For Office Use Only:

Total amount due \_\_\_\_\_ Paid on \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_