



# Town of Moreau Youth Basketball

The Moreau Youth Basketball Program is working with the Basketball coaches from SGF School district and have added some new ideas for 2018/2019 school year- you are going to love it!

**Registration Fee:** \$20 per child

**Mail or Drop-off this form and the registration fee at:**

**Make checks payable to:** Town of Moreau

Moreau Town Hall  
351 Reynolds Road  
Moreau, NY 12828

**\*\*\* In order for your child to receive a t-shirt please register by November 16th, 2018 \*\*\***

The season will begin in December and run until early February.

There will be a **parent and potential coaches meeting**, to explain the new format, on Monday, October 22, 2018 at the SGF High School LGI at 6:00 p.m.

Participants Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)

Siblings playing this season? (Full Names & Ages) \_\_\_\_\_

Parent Contact Info: Email \_\_\_\_\_ Phone \_\_\_\_\_

How many years has your child been playing basketball? \_\_\_\_\_

Does your child have any current conditions that limits his/her ability to participate in Basketball? If so, please list any modifications that would enable your child to participate: \_\_\_\_\_

Does your child have any allergies or medical conditions the coaches should be aware of? \_\_\_\_\_

\*\*I certify that I am the parent or legal guardian of \_\_\_\_\_ and I give permission for the above named child to participate in youth basketball. I understand that participation in basketball may result in serious injury. I hereby agree to indemnify, save harmless, and waive liability of the Town of Moreau, The Town Board, The SGFCSD, 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 the recreation or school facilities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Print Parent Name \_\_\_\_\_ Medical plan \_\_\_\_\_

## I am interested in becoming a Volunteer Coach

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Parent DOB \_\_\_\_\_

Any questions please contact Sandy Mahoney, Rec Director @ 518-538-0136 or [recreation@townofmoreau.org](mailto:recreation@townofmoreau.org)

**\*\*\* Town of Moreau does sex offender background checks on all volunteers\*\*\***