

# Town of Moreau 2025 Bulldog Select Basketball "Big 3" Basketball Camp Registration

Boys & girls welcome



## "BIG 3"



SUMMER CAMP SERIES at MOREAU RECREATION-NOLAN COURT

WEEK 1 – JUNE 30-JULY 2

WEEK 2 - JULY 7-9

WEEK 3 - JULY 14-16

WEEK 4 - JULY 21-23

WEEK 5- JULY 28-30



GROUP 1 (GRADES 5-6-7-8) as of 2025/26 school year

GROUP 2 (GRADES 1-2-3-4) as of 2025/26 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.

\$50 for 1 week or \$225.00 for 5 weeks

Camp runs MON—WED (rainouts made up on Thursday 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 2025) \_\_\_\_\_

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](mailto:recclerk@townomoreau.org)

Total Amt Due-- \_\_\_\_\_ Paid on \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_