

Moreau Recreation Youth Basketball Sign Ups



The Moreau Youth Basketball Program is open to all children in 1st through 8th grade residing in the South Glens Falls School District.

How to sign up:

Mail or drop this form and \$15.00 registration fee (checks payable to Town of Moreau) to:

Town of Moreau Office Building

351 Reynolds Road, Moreau NY 12828

Season begins in late October-early November until early February. Games on Saturdays.

**Each team has one practice day and one game day, practice schedule and location will be assigned after teams are decided.

Volunteer Coaches Needed!

If you are willing to be a coach or an assistant we need you! Share your talent by teaching teamwork, skill, and a love for the game. A volunteer coaches clinic will be held to answer questions and assist you in leading the team.

Moreau Youth Rec Basketball League Application

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Participants name _____ Current grade _____

Age _____ DOB _____ Gender : Male Female (circle one)

School _____ Phone _____

Siblings playing this season? (please include name and grade)

Does your child have any current conditions that limit his/her ability to participate in basketball? If yes please list any modification that would enable your child to participate. _____

Does your child have any allergies or medical conditions that coaches should be aware of? _____

Please circle shirt size

Youth: Small Medium Large

Adult: Small Medium Large X-Large

I certify that I am the legal parent/guardian of the participant and 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 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.

Parent /Guardian signature _____ Date _____

Print Name _____ Name of family Medical Plan _____

I am interested in becoming a Volunteer Coach!

Name _____ Child's name _____

Phone _____ email _____ DOB _____

I am interested in becoming Coach _____ Assistant _____

Any Questions contact Sandy Mahoney 538-0136