

# Town of Moreau Recreation

## Winter Basketball Program for Grades 3-6



**Registration Fee - \$35 due by November 24, 2023**

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. Prorated refunds may be given in the event of a COVID shutdown.\*\*\*\****

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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 4<sup>th</sup> and the program will end in early March.**
- Players will practice and play games under the direction of volunteer coaches. Specific dates and times will be announced after registration closes and teams are created.
- **PARENTS and SPECTATORS WILL BE ALLOWED to attend practices/games this season, however space is limited at most elementary gyms. Parents may drop off/pick up players at the school's main entrance. This season, parents and players will be asked to read, sign and adhere to a code of conduct in order to participate.**



**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 - 2023



## 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 \_\_\_\_\_