

3-4 / 5&6 grade Morris Youth Basketball Program 2016/17

Additional forms are available on the School web site under "Athletics" and "Morris Recreation"

3-4 / 5 & 6 games are on Saturdays in January and February. There is a **\$15 fee per athlete** to cover costs associated with the program. **Checks are payable to the Town of Morris Recreation.**

Registrations can be turned in to the student's teacher or the Main Office through **November 8th** or mail registrations to Morris Rec, PO Box 117, Morris, NY 13808. Late registrations may not be accepted. League may start earlier this year so **PLEASE BE PROMPT!!!**

Contact **Alison Aikins**, 226-6434, 285-4046 or aba19_74@yahoo.com with questions.

Divisions are grouped as:

3rd/4th One practice during week/one game on Saturday. Some travel required. Boys and girls are likely separate teams. Game time normally between 10-2 on Saturday, can vary.

5th Grade One practice during week/one game on Saturday. Some travel required. Boys and girls are separate teams.

6th Grade One practice during week/one game on Saturday. Some travel required. Boys and girls are separate teams.

***** All teams are subject to participation levels and volunteer availability. If for some reason there is a problem with one of these then there may not be a team for your child. If that is the case then your fee will be refunded. This is the only reason a fee will be refunded*****

I grant permission for my child to participate in the activities (social, practices, games) of the Morris Youth Basketball Program. I certify that my child is capable of the physically activities required. I understand that participating in this athletic program is potentially dangerous and that physical injury, including serious injury, may occur to my child as a result of their or another child's actions. I release all MYBP officers, coaches, volunteers and the Town of Morris from any liability for an injury that occurs to my child while engaged in any activity of the MYBP. This includes my child traveling to and from sites in order to participate in this program's activities. I authorize the MYBP representatives to request or allow emergency squad personnel attend to my child in my absence.

I have read and understand above release.

Parent/Guardian signature _____

Parent/Guardian Print _____ Tel # _____

Other Contact _____ Tel# _____

Players Name _____ Grade _____

Male _____ Female _____

Allergies/Medications _____

E-MAIL ADDRESS: _____

Chose Shirt size (Circle Choice) Youth YM₍₁₀₋₁₂₎ YL₍₁₄₋₁₆₎ Adult AS AM AL

++ PLEASE WRITE YOUR NAME AND NUMBER BELOW IF YOU ARE INTERESTED IN COACHING / HEAD OR ASSISTANT ++

Name _____ Contact # _____

We ask the participating parents and children to be respectful of the rules and regulations of host schools where games and practices are held.