

Pre K- 2nd grade Town of Morris Youth Basketball Program 2017

January 7th through February 11th

Saturday Mornings

Pre K & K will be 8:00 AM – 8:45 AM

1st & 2nd grade will be 8:45 AM – 9:45 AM

There is a **\$12 fee per athlete** to cover costs associated with the program. **Checks are payable to the Town of Morris Recreation.**

Registrations will be accepted by your student's MCS home room teachers through December 16th, or mail Morris Rec, C/O Alison Aikins PO Box 117, Morris, NY 13808.

Please send in registrations as soon as possible. Basketballs need to be ordered and I need to know how many we need ASAP.

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

***** ALERT PLEASE READ! 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 _____

**** PLEASE WRITE YOUR NAME AND NUMBER BELOW IF YOU ARE INTERESTED IN HELPING. We need up to 4 helpers per section. Please fill in your name even if you can only help some of the Saturday's. I will help you with what you need to do; you do not have to come up with a program.**

Name _____ Part time _____ Whole time _____

Contact # _____ E-Mail _____