MARION RECREATION
YOUTH BASKETBALL 2025-2026

Mail or Drop off Registrations: Marion Town Hall
3823 N. Main St, PO Box 260, 14505 Attn: Basketball Program
OR Drop off in Drop Box Outside of Door

In Person: Marion Town Park September 22nd & 29th 6-7:30pm
Marion Town Park October 6th & 13th 6-7:30pm
Marion Elementary Halloween PTO Event

Grades 5 & 6 Travel Registration Fee **$55** per player
Grades 3 & 4 COED Travel Registration Fee **$50** per player
Grades 1 & 2 COED Skills Registration Fee **$50** per player

REGISTRATION DEADLINE: October 31, 2025

For Travel: Unless otherwise noted, all games will be on Saturday mornings.
Please notify the coaches before a game if your child will be absent.
Game schedules will be distributed as soon as they are established by the League.
Parent Volunteers make this program possible!
Please consider coaching or volunteering when registering your child.

GRADES 5&6 TRAVEL:	GRADES 3&4 COED TRAVEL:	GRADES 1&2 COED SKILLS:
PRACTICES BEGIN IN NOV.	PRACTICES BEGIN IN DEC.	6 WEEK PROGRAM STARTS IN JAN.
GAME SEASON RUNS	GAME SEASON RUNS	SKILLS AND DRILLS FOCUSED
12/6 - 2/14 (no 12/27 or 1/3)	1/10 - 2/14	PENDING ENROLLMENT

Practices will be held at the Marion Elementary School or High School Gym at coach's discretion.
Travel teams may offer optional pre-season practices pending coach and gym availability.
Bring clean sneakers. Please use the gym entrance/exit.
More information will be sent out after the registration period ends and teams are formed.

Child Name: _____

DOB: _____ Male / Female **Grade:** 1 / 2 / 3 / 4 / 5 / 6

Uniform Size: **Youth** SM M L XL **Adult** SM M L XL

Are there any health issues or allergies that the coaches need to be made aware of? If so, please state what those issues/concerns are so that we can help ensure a safe, positive learning environment for everyone. Information will remain confidential.

_____

Parent/Guardian Contact Information:

Name(s):_____

Cell/Best Number to call: _____

Email: _____

Address: _____

Adults permitted to pick up child (ID may be requested):_____

Would you be interested in coaching for your child's team?	Would you be interested in volunteering at a game or practice if your child's coach needed it? (Example: Gym clean up or operating the scoreboard at games)
Yes ____ No ____	Yes ___ No ___
Name: _____	Name: _____
Phone: _____	
Email: _____	Email: _____
Coach Shirt Size: S M L XL XXL XXXL	

Registration Fee:

Grades 5 & 6 Travel $55 per player: _____

Grades 3 & 4 Travel $50 per player: _____

Grades 1 & 2 Skills $50 per player: _____

Total: _____

Payable by cash or checks made out to The Town of Marion

Guardian Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive, respectful support for all players, coaches and administrative team.
- I will create a drug free environment and refrain from all drug, tobacco, and alcohol use at all youth events.
- I understand that coaches are volunteers and they are not expected to babysit my child. I am responsible for my child's behavior while participating.
- I will remember that the game is for the children and agree to place the emotional and physical well-being of my child ahead of my personal desire to win. By signing this form, I agree to follow the guardian code of conduct.

Authorization:

- I, a parent or guardian of the above named participant of the Marion Youth Basketball program, do hereby give my approval to their participation in any and all town of Marion activities. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnity and agree to hold harmless the town of Marion program, organizers, sponsors, supervisors, and participants, for any claim arising out of injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
- Photographs will occasionally be taken of the child during sports activities. By signing this form, I consent to the use of these photos by the town of Marion program without compensation to me or my child.

Parent/Guardian Signature:_____ Date:_____

If you have any questions, please contact the Basketball Coordinator Kristen Sloane at marionrecbasketball@townofmarionny.com