

MARION RECREATION
YOUTH BASKETBALL 2026-2027



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 23rd & 30th 6-7pm
Marion Town Park October 7th 6-7pm
Marion Elementary Halloween PTO Event

REGISTRATION DEADLINE: October 23rd 2026

GRADES 1 & 2 COED SKILLS:

- 5 WEEK PROGRAM FOCUSED ON SKILLS AND DRILLS
- MONDAY EVENINGS - 5:45-7:00
- JANUARY 4TH - FEBRUARY 8TH (NO JAN 18TH)
- REGISTRATION FEE $40 PER PLAYER FOR FIRST CHILD -ADDITIONAL CHILD IS $30

GRADES 3 & 4 COED TRAVEL:

- PRACTICES WILL BE THURSDAY EVENINGS - 5:45-6:45 STARTING DECEMBER 3RD
- GAMES WILL BE HELD ON SATURDAY MORNINGS - GAME SEASON RUNS 1/9 - 2/13
- REGISTRATION FEE $50 PER PLAYER

GRADES 5 & 6 TRAVEL:

- 5 & 6 GIRLS - PRACTICES WILL BE TUESDAY EVENINGS - 5:45-6:45 STARTING OCTOBER 20TH
- 5 & 6 BOYS - PRACTICES WILL BE WEDNESDAY EVENINGS - 5:45-6:45 STARTING OCTOBER 21ST
- GAMES WILL BE HELD ON SATURDAY MORNINGS - GAME SEASON RUNS 12/5 - 2/13 (NO 12/27 OR 1/3)
- REGISTRATION FEE $55 PER PLAYER

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.

Practices will be held at the Marion Elementary School gym.
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.

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Child Name: _____

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

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

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):_____

Registration Fee:

Grades 5 & 6 Travel $55 Per Player: _____

Grades 3 & 4 Travel $50 Per Player: _____

Grades 1 & 2 Skills $40 First Child: _____

Skills Only - $30 Additional Child : _____

Total: _____

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

Would you be interested in coaching for your child's team? Yes ____ No ____ Name: _____ Phone: _____ Email: _____ Coach Shirt Size: S M L XL XXL XXXL	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 ___ Name: _____ Email: _____

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