



## 2017 Sanbornton Soccer Preschool - 6th Grade



Registrations are currently being accepted. Completed registration forms & payment may be dropped off at the Sanbornton Town Office. You can also mail your registration with payment to:

**Sanbornton Recreation, PO Box 124, Sanbornton, NH 03269**

Registration forms available at: <http://www.sanborntonnh.org/Departments/Recreation/Recreation.htm>

Registration Deadline: **Saturday, September 9<sup>th</sup>, 2017.**

- Late Fee: Registration received after Saturday, September 9<sup>th</sup> will be charged a \$10.00 late fee.
- Financial assistance is available; please contact Julie 286-2659

**All players need to furnish their own shin guards, which are required during all practices & games.**

- All players will receive a t-shirt, socks & mouth guard.
- Players need to wear black or blue shorts for games.
- Cleats and water bottles recommended.

**Swap Shop** The recreation department has a wide variety of used cleats and shin guards that are available free of charge. The swap will be available during practices at the Sanbornton Town Park. Please consider bringing your outgrown equipment to add to our collection.

\*\* You can now check us out on  \*\*

**COACHES NEEDED!** Please contact Julie A.S.A.P. 286-2659 / 393-6665 or Email: [sanbrec@metrocast.net](mailto:sanbrec@metrocast.net), if interested. All coaches are required to go through a criminal background check.

**\*\* ALL LEVELS WILL START SATURDAY, SEPTEMBER 9<sup>TH</sup> AT THE SANBORNTON TOWN PARK \*\***

**\*\*SEASON WILL END SATURDAY, OCTOBER 28<sup>TH</sup>\*\***

### **Preschool (ages 3-5):**

Saturday mornings only, 10:45am - 11:30am at the Sanbornton Town Park

### **Kindergarten – 1<sup>st</sup> Grade:**

Saturday mornings, 10:45am - 12:00pm at the Sanbornton Town Park

Thursday nights skills & drills, starting September 14<sup>th</sup>, 5:30pm - 6:30pm

This group will play some games on Saturdays versus area towns.

### **\*2<sup>nd</sup> – 3<sup>rd</sup> Grade:**

Saturday mornings, 9am – 10:30am at the Sanbornton Town Park

Tuesday & Thursday practices, starting September 12<sup>th</sup>, 5:30pm - 7pm

This group will be separated into teams and will play games on most Saturdays versus area towns.

### **\*4<sup>th</sup> – 6<sup>th</sup> Grade:**

Saturday mornings, 9am – 10:30am at the Sanbornton Town Park

Monday & Wednesdays practices, starting September 12<sup>th</sup>, 5:30pm – 7pm

This group will be separated into teams and will play games on weeknights & most Saturdays versus area towns.

### **\*OPTIONAL**

Skills Development

Practice Times for Grades

2<sup>nd</sup>-6<sup>th</sup> at the Town Park!

Wednesdays 5:30-7:00pm

➤ August 23<sup>rd</sup>

➤ August 30<sup>th</sup>

This is not a school-sponsored event. The Town of Sanbornton- Recreation Dept. sponsors this program; a governmental agency, which is tax exempt.

# 2017 Sanbornton Soccer Preschool - 6th Grade

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_  
School Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Participant Name: \_\_\_\_\_ D.O B: \_\_\_\_\_ Gender: \_\_\_\_\_  
School Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## **Mother Information:**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Father Information:**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Alternate Chaperone:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please initial all sections below:

☐ I give permission for my child (listed above) to participate in Sanbornton Recreation Programs (**Soccer**). I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Sanbornton Recreation Commission, its members, the program instructors, the Town of Sanbornton, and its officials.

☐ In case of accident, I request the Sanbornton Recreation Commission or any of its representatives to contact me. If I am not available, call the physician named below and follow his/her instructions. If it is impossible to contact this physician and it is an emergency, I hereby authorize any treatment deemed necessary for my child.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions/allergies that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

☐ I give the Sanbornton Recreation Program permission to photograph my child.

By signing below, I confirm that I have read and understand all of the information in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sanbornton Recreation Commission, Julie Lonergan, Coordinator

P O Box 124, 573 Sanborn Rd. Sanbornton, NH 03269 ~ Office: (603) 286-2659 Cell: (603) 393-6665

For office personnel, only: Name: \_\_\_\_\_ Date: \_\_\_\_\_ 2017

☐ Pre-K – 6<sup>th</sup> Grade Resident Individual: \$25 / Family Max: \$40.00 ☐ Non- Resident Individual: \$35 / Family Max: \$60

☐ Cash Payment \$ \_\_\_\_\_ ☐ Check Payment: \$ \_\_\_\_\_ Check #: \_\_\_\_\_