

# SANBORNTON RECREATION

## FIELD HOCKEY GRADES 1ST – 6TH

**\*\* STARTING MONDAY, SEPTEMBER 11<sup>TH</sup> AT THE SANBORNTON TOWN PARK \*\***

Practice will be held Monday & Wednesday 5:30-6:30pm at the Town Park. Games will be scheduled during practice times and on some weekends.

Registration: 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 9th, 2017.**

**Fee:** \* Resident Individual: \$25 / \$40 Family  
Non-Resident Individual: \$35/ \$60 Family  
(\* Resides in Town, property owner or attends a Sanbornton School)

**Late Fee:** Registrations received after Sept. 9<sup>th</sup> will charge a \$10.00 late fee.

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



**\*\***



**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.
- We have field hockey sticks that can be borrowed for the season.

**Swap Shop:** The recreation department has a wide variety of used cleats and shin guards that are available free of charge. Swap box is located at the Town Park and available during practices and sign-ups. Please consider bringing your outgrown equipment to add to our collection.

Volunteers needed: Assistant coaches, Parent helpers & Referees are needed. If you are interested in helping out, please call Julie at 286-2659 or email: [sanbrec@metrocast.net](mailto:sanbrec@metrocast.net)

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

# Field Hockey Registration Form for 2017 Grades 1<sup>st</sup> – 6<sup>th</sup>

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 (**Field Hockey**). 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

☐ Resident Individual: \$25 / \$40 Family ☐ Non- Resident Individual: \$35 / \$60 Family

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