

Sanbornton Recreation Commission

2017-18 Youth Basketball Grades 3rd – 6th



Philosophy: The goals of the Sanbornton Youth Basketball Program are to teach basketball skills to the youth of Sanbornton; to encourage sportsmanship at all times; to build character and confidence; and above all else, to enable our youth to enjoy the game of basketball. To achieve these goals, the Sanbornton Youth Basketball Program encourages all participants, be it players, parents or coaches, to act in a responsible manner on and off the court.

Registrations are currently being accepted. Completed registration forms with payment can be mailed to Sanbornton Recreation, PO Box 124, Sanbornton, NH 03269
Forms available at: <http://www.sanborntonnh.org/Departments/Recreation/Recreation.htm>

Check us out on 

Fee: * Resident Individual: \$50.00 Non-Resident Individual: \$65.00
(* Resides in Town, property owner or attends a Sanbornton School)
Registration Deadline Sat. Nov 18th. Any registration received after 11/18 will be charged a \$25.00 late fee.
Sanbornton residents will be given first priority. If a team has availability, we will then go to first come, first serve to non-residents.

Team Sponsorship Available: \$300.00 per team. If you are interested in sponsoring a team, please contact Julie: sanbrec@metrocast.net

We are looking for coaches for the 3rd & 4th Girls Team. Assistant Coach for the 3rd & 4th Boys Team.
If you are interested, please contact Julie @ 286-2659/ 393-6665 Email: sanbrec@metrocast.net.

- All coaches must complete a criminal background check.

Sign-ups will be held at all practices Monday, 11/13 - Saturday, 11/18.

Practices will start as listed below. **(These practice times are subject to change)**
Regular season will end on or @ February 11th. Tournament season ends on or @ March 11th

Day	Date	Team	Practice Time	Location
Monday	11-13-17	5 th & 6 th Girls	5:30-7pm	SCS
Tuesday	11-14-17	3 rd & 4 th Boys	5:30-6:30pm	SCS
Tuesday	11-14-17	5 th & 6 th Boys	6:30-8pm	SCS
Wednesday	11-15-17	3 rd & 4 th Girls	5:30-6:30pm	SCS
Wednesday	11-15-17	5 th & 6 th Girls	6:30-8pm	SCS
Friday	11-17-17	3 rd & 4 th Boys	5:30-6:30pm	SCS
Friday	11-17-17	5 th & 6 th Boys	6:30-8pm	SCS
Saturday	11-18-17	5 th & 6 th Boys	8:00-9:30 am	WRMS
Saturday	11-18-17	3 rd & 4 th Boys	9:30-10:30am	WRMS
Saturday	11-18-17	5 th & 6 th Girls	10:30-12pm	WRMS
Saturday	11-18-17	3 rd & 4 th Girls	12:00-1:00pm	WRMS

If you are in need of financial help for a program, scholarships are available. Or if you would like to sponsor a child or make a donation please contact Julie @ 286-2659 all requests are confidential.

This is not a school sponsored even This program is sponsored by the Town of Sanbornton- Recreation Dept.; a governmental agency which is tax exempt.

Basketball Waiver 2017-2018

Participant Name: _____ D.O. B: _____ Gender: _____

School Name: _____ Shirt Size: _____ Current Grade: _____

Mother Information:

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Email: _____

Father Information:

Name: _____ Address: _____

Home Phone: _____ Cell: _____ 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 (**Basketball**). 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.

This year we will be selecting all-starts teams to play in tournaments at the end of the regular season.

☐ Do you want your child to be considered for this team? Please be aware that it will mean additional weekly practices. These practices are in addition to the regular season practices. The team will be selected in early January. There is also an additional \$25.00 fee per player associated with these teams.

Signature: _____ Date: _____

For office personnel, only: Name: _____ Date: _____ 2017

3rd – 6th Grade: ☐ Resident Individual: \$50.00 ☐ Non- Resident Individual: \$65.00 ☐ Late Fee \$25.00 applies after 11/18/17 sign-up.

☐ Cash Payment \$ _____ ☐ Receipt # _____ ☐ Check Payment: \$ _____ Check #: _____

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