

# Sanbornton Recreation Commission



## K-2<sup>nd</sup> Grade Basketball

Saturday Mornings at SCS Gym Jan 6<sup>th</sup> thru Feb 10<sup>th</sup>, 2018

1<sup>st</sup> & 2<sup>nd</sup> Graders 8:30-9:30am ~ Kindergarten 9:45-10:30am

Instructed by Zach Hall and the WRHS Basketball Players!

Registration currently being accepted.

Mail to: Sanbornton Recreation, PO Box 124, Sanbornton, NH 03269

Registration forms available on-line at:

<http://www.sanborntonnh.org/Departments/Recreation/Recreation.htm>

Cost: Resident \*Individual: \$20.00 \*Family: \$35.00

Non- Resident Individual: \$30.00 Family: \$45.00

(\* Resides in Town, property owner, or attends a Sanbornton School)

Registration deadline: December 10<sup>th</sup>, 2017. Any registration received after Dec 10<sup>th</sup> will be assessed a \$10.00 late fee.

**This is not a school sponsored event.**

**This program is sponsored by the Town of Sanbornton- Recreation Dept.; a governmental agency which is tax exempt.**

## Basketball K-2nd Grade 2018 Waiver

Participant Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_ Gender: \_\_\_\_\_

School Name: \_\_\_\_\_

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.

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

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

K-2<sup>nd</sup> grade: ☐ Resident Individual: \$20 ☐ Family \$35

☐ Non- Resident Individual: \$30 ☐ Family \$45

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