



Sanbornton Recreation Commission

Youth Basketball Kindergarten, 1st and 2nd Grade



**** Coaches are needed for this program to run****

Registration: Registrations currently being accepted. Completed registration forms may be mailed to:
Sanbornton Recreation, PO Box 124, Sanbornton, NH 03269

Registration forms available on-line at:

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

- Resident *Individual: \$15.00 *Family: \$25.00
- Non- Resident Individual: \$25.00 Family: \$45.00
- (* Resides in Town, property owner, or attends a Sanbornton School)
- No t-shirts will be provided.

Kindergarten, 1st and 2nd Grade: The program will be broken down into age groups & stations in a clinic format style. Each individual station will work on different skills.

Location: Sanbornton Central School

Dates:

January 9th, 16th, 23rd, 30th & February 6th and 13th.

Times:

Kindergarten 10:30-11:30am

First & Second 9:00-10:30am

If you have any questions or are willing to coach please contact:
Julie Lonergan, Coordinator (603) 286-2659 or Email: sanbrec@metrocast.net

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 2016 Waiver

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

School Name: _____ Shirt Size: _____ Current 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 (**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: _____ 2015/2016

☐ Resident Individual: \$15.00 ☐ Family: \$25.00 ☐ Non- Resident Individual: \$25.00 ☐ Family: \$45.00

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