



Sanbornton Recreation
Field Hockey Grades 1st – 6th
Starting ~~Monday, August 29th~~ Tuesday, August 30th
Come Sign-Up & Practice
5:30-6:30pm at the Town Park!

Times: Practice will be held Tuesday night 5:30-6:30pm at the Town Park and on Saturday location TBD. Games will be scheduled during practice times and on 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 online at:
<http://www.sanborntonnh.org/Departments/Recreation/Recreation.htm>
Registration Deadline: **Friday, September 9th.**

Fee: * Resident Individual: \$25.00
Non-Resident Individual: \$40.00
(* Resides in Town, property owner or attends a Sanbornton School)



Late Fee: Registrations received after Sept. 9th will charge a \$10.00 late fee.

All players need to furnish their own shin guards. We have sticks to loan to anyone who needs one.

- All players will receive a t-shirt & socks & mouth guard.
- Players need to wear black or blue shorts for games.
- Players are required to wear mouth guards & Shin guards during all play.
- 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. 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



Check us out on "Sanbornton Recreation Dept."

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 2016 Grades 1st – 6th

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: _____ 2016

☐ Resident Individual: \$25.00 ☐ Non- Resident Individual: \$40.00

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