

2016 Sanbornton Soccer Preschool - 6th Grade

****Updated Flyer ****

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 10th, 2016.**

- Late Fee: Registration received after Saturday, Sept. 10th will be charged a \$10.00 late fee.
- Financial assistance is available; please contact Julie 286-2659

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.
- 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. The swap will be available during practices times at the Town Park. Please consider bringing your outgrown equipment to add to our collection.

You can now check us out on 

Please contact: Julie a.s.a.p. 286-2659 / 393-6665 or Email: sanbrec@metrocast.net if interested.

All coaches are required to go through a criminal background check.

Preschool: (Coach needed for this age group to run) Starting Saturday, September 10th

Preschool (ages 3-5), Saturday mornings only 10:45am -11:30 am at the Town Park.

Cost: \$20 per child Sanbornton Resident; \$35 Non-Resident

****K – Grade 1: Starting Saturday, September 10th**

Thursday night from 5:30-6:30pm will be skills & drills, and Saturday's 10:45-12:00pm at the Town Park. This group will play some games on Saturday's versus area Towns.

Cost: \$30 per child Sanbornton Resident; \$45 Non-Resident

****Grade 2nd & 3rd:** Tuesday & Thursday week night practices 5:30-7pm & Saturday mornings 9-10:30am.

One week only Wednesday, August 31st there will be a practice 5:30-7pm at the Town Park. No Practice on Saturday, September 3rd.

Regular week night practices will start Tuesday, Sept. 6th & Thursday, Sept. 8th & Saturday.

This group will be broken into teams and will play games on most Saturday's versus area Towns.

Cost: \$40 per child Sanbornton Resident; \$60 Non-Resident

****4th - 6th Grade:** Monday & Wednesdays are the week night practices 5:30-7pm & 9:00am Saturday mornings.

Wednesday, August 31st is the first week night practice 5:30-7pm at the Town Park. No Practice on Saturday, September 3rd. The next practice will be held on Tuesday, Sept 6th not on Wednesday Sept. 7th as it Open House at SCS. The regular practice schedule will start on Saturday, September 10th then Monday, Sept 14 & Wednesday 14th and continue.

This group will be broken into teams and will play games on week nights and most Saturday's versus area Towns.

Cost: \$40 per child Sanbornton Resident; \$60 Non-Resident

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

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Participant Name: _____ D.O.B: _____ Gender: _____
School Name: _____ T-Shirt Size: _____ Entering Grade: _____

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 (**Soccer**). 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

☐ Pre-K Resident Individual: \$20 ☐ Non- Resident Individual: \$30

☐ K-1st Resident Individual: \$30 ☐ Non- Resident Individual: \$45

☐ 2nd-6th Resident Individual: \$40 ☐ Non- Resident Individual: \$60

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