



Sept. 6th- October 21st YOUTH FIELD HOCKEY

In order to run this program we need at least 10 players registered. If you are interested in coaching please reach out ASAP.

Who: K-5th Grade players welcomed

Where: 180 Shaw Hill Rd – Town Park Fields

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.
- Cleats and water bottles recommended.
- We have field hockey sticks that can be borrowed for the season.

Coaches Needed

Please contact

Amanda 603-393-6665

sanborntonrecreation@gmail.com

Resident: \$30/ Family \$45

Non-Residents:

\$40/Family \$25 each additional
family member

Financial assistance available
for Sanbornton Residents.

No refunds unless we are
unable to run the program.

SANBORNTON REC

PO Box 124

Sanbornton, NH 03269

603-393-6665

sanborntonrecreation@gmail.com

Field Hockey Registration Form for 2023 Grades K – 6th

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: _____

Parent or legal guardian:

Name: _____ Mailing Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Parent or legal guardian:

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, Amanda Pelissier, Coordinator
P O Box 124, Sanbornton, NH 03269 ~ Office: (603) 393-6665

For office personnel, only: Name: _____ Date: _____ 2023

Resident Individual: \$30 / \$45 Family

Non- Resident Individual: \$40 / \$25 each additional family member.

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