

Sanbornton Recreation Commission
Sewing Class

Project: Learn how to make a small lap quilt.

Who: Children currently in 3rd grade and up.

There are 6 Spots available

Where: Sanbornton Town Hall

When: Tuesdays:

November 19, 26 &

December 3, 10

Time: 3:30-5:00pm

Cost: \$10.00

Lessons taught by community volunteers.
If you would like to volunteer, please contact
Amanda.

To register or volunteer please call

Amanda at 393-6665 or



2019 Sewing Class Waiver

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

School Name: _____ **Entering Grade:** _____

Parent or Legal Guardian Information:

Name: _____

Mailing Address: _____ **Home Phone:** _____

Cell: _____ **Work Phone:** _____ **Email:** _____

Parent or Legal Guardian 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 (Sewing Classes). 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:

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, 573 Sanborn Rd. Sanbornton, NH 03269 ~ Office: (603) 393-6665

For office personnel, only: Name: _____ Date: _____ 2019

3rd Grades and up: \$10.00 per child

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