

Sanbornton Recreation Commission



K-2nd Grade Basketball

Saturday Mornings at SCS Gym Jan 11th thru Feb 8th, 2020

Kindergarten & First Graders 9:45-10:30

Instructed by Liz Miller, Matt Timmons and WRHS Basketball Players

2nd Graders 8:30-9:30am

Currently seeking a Head Coach
WRHS Basketball Players

Registration currently being accepted.

Mail to: Sanbornton Recreation, PO Box 124, Sanbornton, NH 03269

Registration forms available on-line at:

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

Cost: Resident *Individual: \$20.00 *Family: \$35.00

Non- Resident Individual: \$30.00 Family: \$45.00

(* Resides in Town, property owner, or attends a Sanbornton School)

Registration deadline: December 9, 2019. Any registration received after Dec 9th will be accessed a \$10.00 late fee. Basketballs are provided by the Rec but are limited once the deadline has passed.

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 2020 Waiver

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

School Name: _____ Current Grade: _____

Parent or Guardian Information:

Name: _____ Address: _____

Home Phone: _____ Cell: _____ Email: _____

Parent or Guardian Information

Name: _____ Address: _____

Home Phone: _____ Cell: _____ 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: _____ 2020
K-2 nd grade: <input type="checkbox"/> Resident Individual: \$20 <input type="checkbox"/> Family \$35
<input type="checkbox"/> Non- Resident Individual: \$30 <input type="checkbox"/> Family \$45
<input type="checkbox"/> Cash Payment \$ _____ <input type="checkbox"/> Receipt # _____ <input type="checkbox"/> Check Payment: \$ _____ Check #: _____