



YOUTH BASKETBALL

3rd-6th Grade Boys & Girls Travel Basketball

Sign-Ups accepted starting Monday, October 3rd, 2019

Teams:

 3rd & 4th Grade Girls

 3rd & 4th Grade Boys

 5th & 6th Grade Girls

 5th & 6th Grade Boys

Practices will start the week of Monday, November 11th at SCS.

Practices will be held on one or two week nights & Saturdays.

Practice nights and times TBD.

We are seeking Coaches & Assistant Coaches to run these teams.

Fee: * Resident Individual: \$50.00

Non-Resident Individual: \$65.00

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

Registration Deadline Sat. November 9th. Any registration received after

November 11th will be charged a \$25.00 late fee.

If we do not have a minimum of 7 players for each team, we will combine with the Pines CC

Questions call Amanda 393-6665 Email: sanbrec@metrocast.net

**This is not a school sponsored even This program is sponsored by
the Town of Sanbornton- Recreation Dept.; a governmental agency which is tax exempt.**

Basketball Waiver 2019-2020

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

School Name: _____ Shirt Size: _____ 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: _____ 2019
3rd – 6th Grade: Resident Individual: \$50.00 Non- Resident Individual: \$65.00 Late Fee \$25.00
applies after 11/11/2019

**This is not a school sponsored even This program is sponsored by
the Town of Sanbornton- Recreation Dept.; a governmental agency which is tax exempt.**