ADULT COED VOLLEYBALL

Starting: Monday, September 9\textsuperscript{th}, 2019

Time: 7:00 – 9:00pm

Where: Sanbornton Central School Gym

Who: Any one 18 years or older
Cost: Resident: $20.00 / Non- Resident: $30.00

Any questions please contact the Sanbornton Recreation
603- 286-2659 or 603-393-6665 or email: sanbrec@metrocast.net
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2019-2020 - Sanbornton Recreation – Coed Volleyball Program

Name: __________________________________________ Date: _______________

Address: _____________________________________________________________________________

Phone: _____________________________ Cell: _____________________________________________

E-Mail Address: ______________________________________________________________

I, __________________________ assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Sanbornton Adult Co-Ed Volleyball Program, the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to myself.

As a participant in Adult Co-Ed Volleyball, I will be responsible for leaving the area used in the same condition as upon my arrival. In case of accident, I request the Sanbornton Adult Co-Ed Volleyball Program to contact:

Name: ____________________________ Phone #: __________________________

If unavailable, please contact the physician indicated below and follows his/her instructions. I authorize any treatment deemed necessary for myself.

Physician: ____________________________#_________________________

Player Signature: __________________________ Date: ________________

For office personnel, only:  Name: __________________________ Date: ________________ 2019 / 2020

Resident: $20.00 Non-Resident $30.00

☐ Cash Payment $________  ☐ Receipt # ________________  ☐ Check Payment: $________ Check #: ______

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2019-2020 - Sanbornton Recreation – Pickle Ball Program

Name: ________________________________________________ Date: ________________

Address: ____________________________________________________________________________

Phone: _____________________________ Cell: ________________________________

E-Mail Address: _____________________________________________________________________

I, ____________________________ assume all risks and hazards incidental to such participation
including transportation to and from the activities, and I do hereby waive, release, absolve,
indemnify and agree to hold harmless the Sanbornton Adult Co-Ed Volleyball Program, the
organizers, sponsors, supervisors, and participants from any claim arising out of any injury to
myself.

As a participant in Adult Co-Ed Volleyball, I will be responsible for leaving the area used in the
same condition as upon my arrival. In case of accident, I request the Sanbornton Adult Co-Ed
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Name: ______________________________ Phone #: ______________________________

If unavailable, please contact the physician indicated below and follow his/her instructions. I
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Physician: ______________________________ # ______________________________

Player Signature: ____________________________ Date: ________________

For office personnel, only: Name: ____________________________ Date: ________________ 2019 / 2020

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