



## Sunapee Recreation Department Program Registration

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_ Female/Male/ (circle one)

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 2016/2017 Youth Sports Program Registration:

Program	Date	Time	Location	Cost	
<b>FALL SOCCER</b>					
Kinder- 2 <sup>nd</sup> Grade	Starts Sept 10th	9:30-11 <b>Sat only</b>	Veterans field	\$20	
3/4 Girls Soccer	Mid/late - Aug	TBA by coach	TBA	\$25	
3/4 Boys Soccer	Mid/late - Aug	TBA by coach	TBA	\$25	
5/6 Girls Soccer	Mid/late - Aug	TBA by coach	Veterans field	\$25	
5/6 Boys Soccer	Mid/late - Aug	TBA by coach	Veterans field	\$25	
<b>Winter Basketball</b>					
Kinder – 2 <sup>nd</sup> Grade	Starts Dec 3rd	9:30-11 <b>Sat only</b>	High School	\$20	
3/4 Girls Basketball	Early Nov	TBA by coach	TBA	\$25	
3/4 Boys Basketball	Early Nov	TBA by coach	TBA	\$25	
5/6 Girls Basketball	Early Nov	TBA by coach	TBA	\$25	
5/6 Boys Basketball	Early Nov	TBA by coach	TBA	\$25	
<b>Spring Baseball, Softball, Tee ball</b>					
Pre K – Kinder Tee ball	Starts May 6th	9:30-11 <b>Sat Only</b>	High School	\$20	
1 <sup>st</sup> /2 <sup>nd</sup> grade – Rookie Baseball	Mid March	TBA by coach	Dewey field	\$25	
3 <sup>rd</sup> /4 <sup>th</sup> grade – Minors Baseball	Mid March	TBA by coach	Dewey field	\$25	
5 <sup>th</sup> /6 <sup>th</sup> grade – Majors Baseball	Mid March	TBA by coach	Veterans field	\$25	
3 <sup>rd</sup> /4 <sup>th</sup> grade Girls Softball	Mid March	TBA by coach	High School	\$25	
5 <sup>th</sup> /6 <sup>th</sup> grade Girls Softball	Mid March	TBA by coach	High School	\$25	
<b>** sorry no refunds</b>			<b>**If signing up for 3 sports deduct \$10.00</b>		

**Total:** \_\_\_\_\_

*I/we assume all risks and hazards incidental to the conduct of the program. I/we do further hereby release, absolve indemnity and hold harmless the Sunapee Recreation Department, Town of Sunapee, and its officers. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Sunapee Recreation to attend to my child. I expect notification before hospitalization.* **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only  
Check # \_\_\_\_\_  
Cash \_\_\_\_\_