Stillwater Area Community Services Center Inc.

Where Neighbors Come Together…

Box 536 19 Palmer Street
Stillwater NY, 12170
Phone 518-664-2515
Fax 518-664-3590
www.sacc.online

2027 SACSC Biddy Ball Program Registration Form

For children in Pre-K (4 years old) thru Grade 2 (7 or 8 years old)

Saturday Mornings starting January 9th (Six Weeks Long)
Times will be determined based upon enrollment.

Last Name:_____ First Name:_____

Name of Parents/Guardians:_____

Mailing and Street Address:_____

City:_____ State:_____ ZIP:_____

Home Phone:_____ Cell Phone:_____ Email:_____

_____Please initial here if we have your consent to use photographs of you for publicity purposes.

Health Limitations of player:_____

Is Parent/Guardian willing to coach? If yes, name:_____

How did you find out about Biddy Ball this year?_____

Registration Deadline: December 21, 2026 **Registration Fee: $60.00** **Second Child Fee: $45.00**

All fees must be paid at time of registration. Completed registration forms along with payment must be submitted to the SACSC main office, or mailed to the above address. Please make checks payable to: Stillwater Area Community Center. Cash and Credit cards also accepted.

The Stillwater Area Community Services Center (SACSC) is committed to providing quality programs that engage and provide fun for our community's children. Please register your child for any program that interests him/her. If, after the first session of any SACC coordinated program, you find it is not going to work for them, 50% your money will be refunded. After the second, or any subsequent session, all monies are **non-refundable**. Thank you for understanding our policy.

For more information, contact Pete or Justin at 664-2515 x 210 or visit our website.

Each child will receive a shirt and participation medal with registration cost.

Circle shirt size: Child Small 6-8 Child Medium 10-12 Child Large 14-16 Other:_____

Required: As consideration for being permitted to participate in activities sponsored by Stillwater Area Community Services Center and/or using equipment of said organization, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Each participant further agrees to hold Stillwater Area Community Services Center and the Town of Stillwater free and harmless on account of any act of omission or commission or negligence on the part of said organizations or its officers, agents, volunteers, or representatives.

Signature of Parent/Guardian: _____ Date:_____
Name of Parent/Guardian:_____

For Office Use Only:
Fee Paid: $_____ Cash or Check #_____ Date Paid_____ Received by:_____