



Stillwater Area Community Center

P.O. Box 536, 19 Palmer Street, Stillwater, NY 12170

www.sacc.online

2018-2019 YOUTH BASKETBALL REGISTRATION FORM

Skills Session October 24th 5:30-7pm ● Practices Begin Monday October 29th (Tentative)

Child's Last Name: _____ First Name: _____ Grade as of 9/6/2018: _____

Street and Mailing Address: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Health Limitations of Player: _____

A parent/guardian from each family must volunteer to coach or work one snack bar shift (approximately 1 hour) per season. Please note each team will have ONLY one head coach and one assistant coach. If your family is sponsoring a team, you are exempt from having to work the snack bar as well. You may also choose to pay a \$50.00 snack bar buyout fee. Please circle your choice below:

Head Coach

Assistant Coach

One Snack Bar Shift

\$50.00 Buyout Fee

How did you find out about basketball registration this year? _____

Completed sign-up forms **AND** fees must be submitted simultaneously by mail or in person, not fax.

Registration deadline: October 19, 2018 Registration Fee: \$60.00 Sibling Fee: \$40.00

Make checks payable to: Stillwater Area Community Center

Registration Fees are Non-Refundable

_____ Junior Division

3rd/4th Grade

_____ Senior Division

5th/6th Grade

Circle one shirt size

Child Small 6-8

Adult Small

Child Med 10-12

Adult Med

Child Large 14-16

Adult Large

Adult X-Large

For more information, contact Justin Macfarlane, 664-2515 x210, or visit our website.

As consideration for participation in activities sponsored by the Stillwater Area Community Center and/or using equipment of said association, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Participants further agree to hold the Stillwater Area Community Center and the Town of Stillwater free and harmless of any act of omission or commission or negligence on the part of said association or their officers, agents, or volunteers. Signature indicates consent for SACC to use your child's picture in public forums and on the internet.

I hereby give permission for my child, named above, to receive emergency treatment in case I cannot be located.

PARENT OR GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY

Fee Paid \$ _____ Cash/Check # _____ Date Paid _____ Received by _____