



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

T-BALL PROGRAM REGISTRATION FORM

For Children Ages 4*-7 in the Greater Stillwater Area
Every Monday & Wednesday, April 26th – June 2nd, 6-7 pm
Children MUST be 4 by May 1st

Child's Last Name: _____ Child's First Name: _____

Mailing and Street Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____ Email: _____

How did you hear about T-Ball? _____ Age as of May 1, 2021: _____ Grade: _____

Shirt Size: Child small (6-8) Child Medium (10-12) Child Large (14-16)

A PARENT/GUARDIAN FROM EACH FAMILY MUST VOLUNTEER FOR ONE OF THE FOLLOWING:

(please circle one if interested) **Head Coach** **Assistant Coach**

Registration Fee is \$55* per child, \$45 per additional child.

Please make checks payable to: Stillwater Area Community Center (or SACC). Mail to: P.O. Box 536, Stillwater, NY, 12170, or hand-deliver to address above.

For more information contact Pete at sportsandrec@sacc.online or 664-2515 x 239. **Registration Ends April 9, 2021**

Participation in sporting events may result in serious injuries, and protective equipment does not always prevent injuries. As consideration for being permitted to participate in activities sponsored by SACC 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 SACC, the Town of Stillwater, and the American Legion Post 490 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.

By signing below, I am also giving permission for my child's picture to be used 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.

Signature of Parent/Guardian: _____ Date: _____

Office use only

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