

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

RENEGADE SOFTBALL OF STILLWATER REC SOFTBALL REGISTRATION FORM

Player's First and Last Name: _____ DOB: _____

Age Group: ___ 8 & under (Birth Years 2012 & 2013)
 ___ 10 & under (Birth Years 2010 & 2011)
 ___ 12 & under (Birth Years 2008 & 2009)

Parent 1:	Parent 2:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Player Information

School: _____ Grade: _____ T-Shirt Size: _____ (Youth or Adult)

Have you ever played softball before? Yes No

If yes, where: _____

Positions Played/Years Experience:

Pitcher/yrs. Exp. _____ Catcher/yrs. Exp. _____ 1st base/yrs exp. _____ 2nd base/yrs exp. _____
 3rd base/yrs. Exp. _____ Shortstop/yrs. Exp _____ Outfield/yrs. Exp. _____

Any other activities that may conflict with softball? Yes No

If yes, explain _____

Health Limitations of Player: _____

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A parent/guardian from each family must volunteer to coach, assist, help with field prep, work one snack bar shift 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 Field Prep One Snack Bar Shift \$50.00 Buyout Fee

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

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

Registration deadline: April 9, 2021 Registration Fee: \$60.00 Sibling Fee: \$40.00

Make checks payable to: Stillwater Area Community Center

Are you interested in learning more about our travel softball program? (Circle) Yes No

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 Earl J Manning 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: _____