

Stillwater Area Community Services Center Inc.

Box 536 19 Palmer Street, Stillwater NY, 12170

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www.stillwaterareacommunitycenter.org

T-BALL PROGRAM REGISTRATION - 2012

(For Kindergarten – Second Grade, Ages 4-7, Stillwater-Mechanicville Area)

Registration Deadline is March 23, 2012.

Season Runs April 9 – June 6. (Mon – Wed., 6-7 p.m., weather permitting)

Last Name: _____ First Name: _____

Parent/Guardian Name(s): _____

Mailing and Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Email: _____

How did you hear about T-Ball at SACC? _____

Grade as of March, 2012: _____ Age: _____

Does child need to be paired with another child on the same team? No Yes: (name) _____

Preferred coach? No Yes: (print name) _____

(We will try to accommodate, but cannot guarantee preferences.)

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

Would Parent/Guardian like to coach? Yes No Assistant Coach: Yes No

Would you like to help with snack bar? Yes No (We need 2 people per team – Thank you!)

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.

Also, I hereby give permission for my child, named above, to receive emergency medical treatment in the event that I cannot be reached. **(Note: Parents/Guardians must stay with their children during practice and games.)**

Signature of Parent/Guardian: _____ Date: _____

I hereby give permission for photographs of my child to be used by SACC for publicity purposes. Initials: _____

Registration Fee is \$40 first child, \$35 second child. Make check to: 'SACC'.

Mail to P.O. Box 536, Stillwater, NY, 12170, or hand-deliver to address above.

Office use only

Fee Paid: \$ _____ Cash/Check # _____ Date: _____ Staff Initials: _____