



2017 Girl's Summer Youth Softball Registration Form

(Recreational League Form)

Session: Summer
 Registration Dates: Deadline: May 12, 2017
 League Session Dates: May 30 – July 21, 2017
 Skip Dates: May 29, July 4
 Schedule Pick-Up Date/ Manager Meeting Date: Mon., May 22, 2017 (6 –7 pm)

- Special schedule requests will be honored when possible, **but cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Make-up games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to May 12, 2017. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.
- This registration form is for team registration only. Individuals wanting to be placed on an individual waiting list may call the Killian office.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We do not take registrations over the phone)

MAIL your entry form to: Springfield-Greene County Park Board
 Attn: Community Athletics
 1923 N. Weller Springfield, MO 65803

Register in person: Killian Sports Complex
 2141 E. Pythian Springfield, MO

FAX registration to: FAX to (417) 837-5829

For Additional Information call: Killian Sports Complex Office
 (417) 837-5817
 Website: www.parkboard.org

Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. **NEW: late fee of \$30 will be charge for registration after deadline.**

TEAM NAME: _____ MANAGER'S NAME: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 DAY PHONE : () _____ EVENING PHONE : () _____ CELL PHONE: () _____
 EMAIL ADDRESS: _____ 2016 LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY:

TEAM INFORMATION (Please rate your team by circling one of the bottom with 1 being the highest and 2 the lowest)

- 1) Semi-expernced recreational team 2) Beginner recreational team

<u>League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>	<u>AVAILABLE SPOTS</u>
8U COACH-PITCH	FRIDAY	\$200 / 7-games	30 TEAMS
10U COACH PITCH	MONDAY	\$200 / 7-games	30 TEAMS
10U MODIFIED PITCH	TUESDAY	\$225 / 7-games	30 TEAMS
12U FAST PITCH	THURSDAY	\$225 / 7-games	30 TEAMS
14U FAST PITCH	MONDAY	\$250 / 7-games	30 TEAMS
H.S. FAST PITCH	WEDNESDAY	\$250/ 7-games	30 TEAMS

(To double enter your team in this competitive league, please fill out two separate forms, double entry fee and list teams with a A or B after it)

ACE Certified Coach (or NYSCA Certified Coach) Mandatory: _____ Certification#: _____

HCS/HB 62 (31) - Crime Law, all youth sports coaches, managers, and trainers shall be subjected to a background check against the Missouri Sex Offenders Registry before league play begins. Please list all coaches, managers, and trainers legal name, address, city and zip code below. If you need additional space you may attach a sheet of paper or use the back of this form.

Name: _____ Address: _____ City/Zip: _____
 Name: _____ Address: _____ City/Zip: _____
 Name: _____ Address: _____ City/Zip: _____

Method of Payment: Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___ Am. Express ___ Card # _____

Signature: _____ Expiration Date: _____ Security # (on back) _____

(For office use only)

Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____