



2023 Spring Girl's Youth Softball Team Registration Form

Registration Deadline: March 17th, 2023 **League Session Dates:** April 3rd – May 5th **Skip Dates:** None

- **Requests cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Refund requests will be accepted up to March 17th, 2023. Approved refunds will be charged a \$10.00 processing fee.
- AGE DETERMINATION DATE is based on January 1, 2023.
- If you are interested in players on the Individuals waiting list, call the Killian office and we will put your name on the list on the coaches list. We will then inform all players on the list of the coaches wanting additional players. It will be up to the players to contact the coaches. We will not give out individual player names at the office.
- Two (2) coaches per team will receive tickets, for free entry into their games. Only 2 coaches per team. **Must Sign and Pick up at Killian Sports Complex**

Please make checks payable to **Springfield-Greene County Park Board** and include your Driver's License Number on the check. MasterCard, Discover, and Visa accepted. Payment must accompany form to complete registration. **A late fee of \$30 will be charged for any registrations accepted after the deadline.** ONLY one (1) form per entry. For double entries, put each team on a separate form, with a separate fee, and list teams with an A or B after it.

MAIL your entry form to:	Register in person:	FAX registration to:	Online Registration:
Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803 (417) 837-5817 for information	Killian Sports Complex 2141 E. Pythian Springfield, MO	FAX to (417) 837-5829	parkboard.org/557/Softball (Online registration is limited) Additional Online FEE will be charged

TEAM NAME: _____ MANAGER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DAY PHONE:() _____ EVENING PHONE:() _____ CELL PHONE: () _____

EMAIL ADDRESS: _____ 2022 LEAGUE TEAM NAME: _____

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

TEAM INFORMATION (Please circle league name and your team ability rating with 1 being the highest and 5 the lowest)

<u>Circle League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>	<u>Team Ability Rating</u>
*8U COACH PITCH	FRIDAY	\$215 / 5-games	1) Competitive team
*10U COACH PITCH	MONDAY	\$215 / 5-games	2) Experience Rec Team
10U MODIFIED PITCH	TUESDAY	\$245 / 5-games	3) Above Average Rec team
12U FAST PITCH	THURSDAY	\$265 / 5-games	4) Below Average Rec team
14U FAST PITCH	MONDAY	\$265 / 5-games	5) Beginner Rec team

***Coach Pitch Leagues are Coach officiated. No assigned Umpire. Standings for Coach Pitch Leagues will not be kept.**
(To double enter your team in this league, please fill out two separate forms, double entry fee and list teams with an A or B after it)

PARKS WAIVER: My family and I hereby waive and release the Springfield-Greene County Park Board (Park Board) and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Park Board activities.

MEDIA RELEASE: I hereby grant permission to record and use the participant's likeness and/or voice for use by television. Films, radio, printed media, social media, or other electronic format to further the aim of the Springfield-Greene County Park Board (Park Board) program(s) in related campaigns, magazine articles, booklets, posters, and other ways the Park Board sees fit.

2023 MANDATORY ACE Certified Coach Name: _____ Certification#: _____

HCS/HB 62 (31) - Crime Law, all youth sports coaches, managers, scorekeeper and trainers inside of the bench area 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___ Card # _____

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

(For office use only) Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____