



**Summer Playground Association
Chillicothe, Missouri**

Player's Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Boy's age as of April 30, 2009 _____ Girl's age as of December 31, 2008 _____

Participation fee for all programs is \$50.00. The fee will be \$60.00 if not paid by April 16, 2009. An accident insurance policy is also included in this fee, as well as general liability insurance which are required by the City of Chillicothe. **Participants are responsible for deductible and co-insurance.**

Boys' Baseball
(Age as of April 30, 2009)
_____ 10 and Under (ages 8-10)
**** 8 year olds must pass assessment**
_____ 12 and Under (ages 11-12)
_____ 14 and Under (ages 13-14)

Girls' Softball
(Age as of December 31, 2008)
_____ 10 and Under (ages 8-10)
**** 8 year olds must pass assessment**
_____ 12 and Under (ages 11-12)
_____ 14 and Under (ages 13-14)

Jersey Size (expect shrinkage)

Youth: Medium (10-12) _____ Large (14-16) _____

Adult: Small (36) _____ Medium (38-40) _____ Large (42-44) _____
X-Large (46-48) _____ XX-Large (50-52) _____

Pant Size (sizes run small)

Youth: X-Small (20-22) _____ Small (22-24) _____ Medium (24-26) _____
Large (26-28) _____

Adult: Small (28-30) _____ Medium (32-34) _____ Large (36-38) _____
X-Large (40-42) _____ XX-Large (44-46) _____

I WOULD BE INTERESTED IN HELPING COACH: _____ YES _____ NO

IF INTERESTED IN HELPING COACH *** Parent's Name: _____**

Phone Number: _____

ATHLETIC PROGRAM PARTICIPANT RELEASE

The undersigned does hereby waive, release, and forever discharge any and all claims against the Chillicothe Summer Playground Association, its officers, board members, employees, volunteers or agents for damages and/or injuries which may arise from the participation in programs.

Parent/Guardian

Signature: _____ Date: _____

PERMISSION FOR MEDICAL TREATMENT

I do hereby authorize treatment of this child by a qualified and licensed physician in an emergency when, in the opinion of said physician, failure to treat or delay of treatment may endanger the child's life, or cause disfigurement or undue discomfort. This authority is granted only after a reasonable effort has been made to reach a parent or guardian.

Name of Child: _____ Relationship: _____

Season which release is intended for: 2009

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent or Guardian: _____ Date: _____

Address of Child: _____

Home Phone: _____ Emergency Phone: _____

Family Physician: _____ Physician Phone: _____

Allergies, reactions, or health conditions to be aware of: _____

Registration by mail:

Mail one completed form along with correct fee(s) for each participant to:

Chillicothe SPA

PO Box 181

Chillicothe, MO 64601

Make checks payable to: Chillicothe SPA

Registration forms received without payment will be returned.

SKILLS' ASSESSMENT DAY

Skills' Assessment Day will only be for any boy or girl that did not play in the SPA baseball or softball program last year. It will be held on **Thursday, April 16, from 6:00 p.m. to 7:00 p.m.** at the **Chillicothe Middle School Fieldhouse.**

SPA Board Members

Stephanie Baldwin (660) 646-4359

Stan Baldwin (660) 646-4359

Sondra Sturguess (660) 646-2638

Fara Minnick (660) 646-7812

Amy Boley (660) 646-7864

Kenny Toedebusch (660) 646-5285

Brent Young (660) 646-3497

Brent Minnick (660) 646-7812

Scotty Boley (660) 646-7864