



Summer Playground Association
Chillicothe, Missouri

Child's Name: Age: Grade:

Date of Birth: Home Phone: Alternate Phone:

Parent/Guardian: E-mail:

Address: City: State: Zip:

Boy's age as of April 30, 2008 Girl's age as of December 31, 2007

Participation fee for all programs is \$50.00. The fee will be \$60.00 if not paid prior to April 10, 2008. 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, 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)

Girls' Softball (Age as of December 31, 2007)
10 and under
12 and under
14 and under

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 (42-44)

I WOULD BE INTERESTED IN HELPING COACH: YES NO
(Volunteers will be subject to background checks due to Little League rules and regulations)

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: 2008

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 the 8, 9, and 10 year old boys and girls **or** any child that did not play in the SPA program last year. It will be held on **Thursday, April 10**, 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