



# 2017 Girl's Spring Youth Softball Registration Form (Competitive League Form)

**Session:** Registration Dates: League Session Dates: Skip Dates: Schedule Pick-Up Date/ Manager Meeting Date:  
**Spring:** **Deadline: March 24, 2017** **April 10 – May 12, 2017** **None** **Mon. April 3, 2017 (6 pm)**  
**Killian Complex**

- 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 March 24, 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.
- One coach per team is required to be certified. Visit USASoftball.com and click on youth/ACE Coach Certification.

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

**MAIL your entry form to:** **Register in person:** **FAX registration to:** **For Additional Information call:**  
 Springfield-Greene County Park Board Killian Sports Complex FAX to (417) 837-5829 Killian Sports Complex Office  
 Attn: Community Athletics 2141 E. Pythian Springfield, MO (417) 837-5817  
 1923 N. Weller Springfield, MO 65803 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:**

<u>League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>	<u>AVAILABLE SPOTS</u>
10U MODIFIED PITCH	TUESDAY	\$170 / 5-games	24 TEAMS
12U FAST PITCH	THURSDAY	\$170 / 5-games	24 TEAMS
14U FAST PITCH	MONDAY	\$175 / 5-games	24 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: \_\_\_\_\_