



# 2020 Summer Youth Baseball

## Recreational League Form

**Registration Deadline:** May 29, 2020

**League Session Dates:** June 15 – August 1

**Skip Dates:** None

- **Requests cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Make-up games dates: Aug 3-8, 2020. Games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to May 29, 2020. 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.
- AGE DETERMINATION DATE is based on May 1, 2020.
- 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 [www.nays.org](http://www.nays.org) for your NYSCA Certification.

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

<b>MAIL your entry form to</b>	<b>Register in person</b>	<b>FAX registration to</b>	<b>FOR additional information call</b>
Springfield Greene County Park Board	Killian Sports Complex	(417) 837-5829	Killian Sports Complex Office
Attn: Community Athletics	2141 E Pythian		(417) 837-5817
1923 N Weller, Springfield, MO	Springfield, MO		Website: <a href="http://www.parkboard.org">www.parkboard.org</a>

Please make checks payable to: **"SGCPB"** and include your DL Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. **A late fee of \$30 will be charged for any registrations accepted after the deadline.**

Team Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_ Manager's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

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

**TEAM INFORMATION**    1) Experienced Team    2) Above Average Team    3) Below Average Team    4) Beginner Team

<u>League Name</u>	<u>Night Available</u>	<u>Team Fee</u>	<u># Games</u>	<u>League Name</u>	<u>Night Available</u>	<u>Team Fee</u>	<u># Games</u>
Tball	Friday	\$285	7	Modified 9U	Monday	\$320	7
Coach Pitch 6	Friday	\$285	7	Player Pitch 9U	Wednesday	\$320	7
Coach Pitch 7	Friday	\$285	7	Player Pitch 10U	Friday	\$320	7
Coach Pitch 8	Monday	\$285	7	Player Pitch 11U	Tuesday	\$335	7
Coach Pitch 9	Thursday	\$285	7	Player Pitch 12U	Thursday	\$335	7
				Player Pitch 14U	Wednesday	\$335	7

**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: \_\_\_\_\_ 3 Digit Security # (on back) \_\_\_\_\_

**(For office use only)** Amount Paid: \_\_\_\_\_ Reference / Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_