



2020 Fall Youth Baseball

Registration Deadline: July 31

League Session Dates: August 10 – September 12

Skip Dates: Sept. 7th

- **Requests cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Make-up games dates: Sep 14-19, 2020. Games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to July 31, 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 for your NYSCA Certification.

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

MAIL your entry form to:

Springfield-Greene County Park Board
Attn: Community Athletics
1923 N. Weller Springfield, MO 65803

Register in person:

Killian Sports Complex
2141 E. Pythian Springfield, MO

FAX registration to:

FAX to (417) 837-5829

For Additional Information call:

Killian Sports Complex Office
(417) 837-5817
Website: www.parkboard.org

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 charge for registration after 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>
Modified Tball	Friday	\$225	5	Player Pitch 10U	Friday	\$245	5
Coach Pitch 7U	Friday	\$225	5	Player Pitch 11U	Tuesday	\$335	5
Coach Pitch 9U	Thursday	\$225	5	Player Pitch 12U	Thursday	\$335	5
Modified Pitch 9U	Monday	\$245	5	Player Pitch 14U	Monday	\$335	5
Player Pitch 9U	Thursday	\$245	5				

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: _____