



Summer Playground Association
Chillicothe, Missouri

Child's Name: Age: Grade Completed:

Date of Birth: Home Phone: Cell Phone(s):

Parent/Guardian: E-mail:

Address: City: State: Zip:

Boy's age as of May 1, 2018 Girl's age as of January 1, 2018

Participation fee for all programs is \$50.00 for the first child and \$40.00 for each additional child within the same household. The fee will be \$60.00 for the first child and \$50.00 for each additional child after April 11th. Payments may be made at the Wednesday, April 11th assessment held at the Chillicothe Middle School Fieldhouse. 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 May 1, 2018)
10 and Under (ages 8-10)
13 and Under (ages 11-13)

Girls' Softball (Age as of January 1, 2018)
10 and Under (ages 8-10)
12 and Under (ages 11-12)

Jersey Size

Youth: Small (6-8) 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

Youth: Small (22-24) Medium (26-28) Large (30-32)
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: _____ Relation to Player: _____
Season which release is intended for: 2018

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 child that did not play in the SPA program last year. It will be held on **Wednesday, April 11th**, from **6:00 p.m. to 7:00 p.m.** at the **Chillicothe Middle School Fieldhouse**. Players need to bring their own ball glove. For more information contact Stephanie Baldwin 660-247-0501 or Stan Baldwin 660-247-0502.