



Summer Playground Association
Chillicothe, Missouri

Child's Name: Age: Grade:

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

Parent/Guardian: E-mail:

Address: City: State: Zip:

Boy's age as of May 1, 2017 Girl's age as of January 1, 2017

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 12th. Payments may be made at the Wednesday, April 12th 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, 2017)
10 and Under (ages 8-10)
13 and Under (ages 11-13)

Girls' Softball (Age as of January 1, 2017)
10 and Under (ages 8-10)
12 and Under (ages 11-12)

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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)

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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: 2017

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: \_\_\_\_\_

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**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 12th**, from **6:00 p.m. to 7:00 p.m.** at the **Chillicothe Middle School Fieldhouse**.

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### SPA Board Members

Stephanie Baldwin (660) 247-0501  
Heather Davis (660) 973-3096  
Scott Ellis (816) 830-0912  
Aaron Wagers (660) 707-5745  
Michael Fleener (660) 229-2330

Stan Baldwin (660) 247-0502  
Scott Davis (660) 973-3095  
Matt Leamer (660) 973-1920  
Kristen Fleener (660) 229-2224