

JCPRD Basketball

Grades
K-8

Sean Birdsong Basketball Clinics

September Session

Join Sean Birdsong of Nothing But Net Sports for small group basketball training. Coach Birdsong has played at the collegiate and professional level and is excited to share his basketball knowledge with you! These clinics are a great opportunity for players looking for a first basketball experience to seasoned players prepping for high school teams. Sessions are set for limited grade ranges providing small group and one-on-one instruction. Players will receive instruction and coaching for shooting, passing, ball handling, and offense and defense, while further developing an understanding of the flow of the game. Less experienced players will receive basic basketball instruction, motor skill development, and an introduction to sport teamwork. More advanced players will focus on fine tuning skills, positional practice and advanced offense and defense. For more information please visit www.kcusssasports.com or contact Okun Fieldhouse at (913) 826-2900.

To Register

**Complete the back of this form
and submit to any JCPRD location.**

You may also register by:

Phone - (913) 831-3355

Fax - (913) 831-3311

Online - www.jcprd.com

**Okun Fieldhouse
20200 Johnson Drive
Shawnee, KS**



JOHNSON COUNTY
Park & Recreation
District

SEAN BIRDSONG BASKETBALL CLINIC REGISTRATION FORM

September 2017 Clinics

Clinic meets 1 day per week for 3 weeks

K - 4th Graders — 5:30 - 7:00 PM

Code: 39671: Tuesdays, September 12, 19, 26 — \$50 resident / \$55 non-resident

5th - 8th Graders — 5:30 - 7:30 PM

Code: 39672: Thursdays, September 14, 21, 28 — \$65 resident / \$70 non-resident

PARTICIPANT INFORMATION

Participant 1 Name _____ Grade _____ Age _____

Participant 2 Name _____ Grade _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Day Phone _____ Evening Phone _____

Email _____

PAYMENT

Please print program code from front.

Camp Code Participant 1: _____ Fee \$ _____

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Camp Code Participant 2: _____ Fee \$ _____

Total to be paid: \$ _____

Please charge all fees to MC VS DS

Card Number: _____

Expires: _____ - _____ CID#: _____

(Your 3-digit number Credit Card Identification Code [CID] is located on the back of your credit card on the signature line after the card number or last four digits of your credit card number. **We cannot process your registration or hold a placement without this information.**)

Name as Printed on Charge Card:

If paying by check, make payable to JCPRD.
JCPRD will assess a \$20.00 service charge for all returned checks.

REFUND POLICY : Refunds will be made only when leagues are filled or cancelled by the Johnson County Park and Recreation District. Refunds may take 2-3 weeks.

JCPRD is committed to making reasonable accommodations as required by the Americans With Disabilities Act. Requests must be made two weeks or ten working days prior to the start of the program. Please indicate what accommodations are needed:

WAIVER STATEMENT: "The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, it's employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Park and Recreation District to use at its discretion any photograph(s) or video taken of the participant while participating in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions.

I HAVE READ & UNDERSTAND THE WAIVER STATEMENT & CANCELLATION POLICIES; REGISTRATION INVALID WITHOUT SIGNATURE.

Signature of person registering participant/s : _____