

# Okun Spring 2017

Early Bird Deadline - February 24 / Final Deadline - March 3

Season - March 28 - May 11

## Circle Grade for the 2016-2017 School Year.

### BOYS TEAMS

GRADE	DAY	Early Bird	Final Deadline	CODE
2	Wed	\$625	\$675	35797
3	Wed	\$625	\$675	35798
4	Wed	\$625	\$675	35799
5	Tues	\$625	\$675	35800
6	Tues	\$625	\$675	35801
7	Tues	\$625	\$675	35802
8	Tues	\$625	\$675	35803
9/10	Wed	\$625	\$675	35804
11/12	Wed	\$625	\$675	35805

### GIRLS TEAMS

GRADE	DAY	Early Bird	Final Deadline	Code
2	Wed	\$625	\$675	35807
3	Wed	\$625	\$675	35808
4	Wed	\$625	\$675	35809
5	Thurs	\$625	\$675	35810
6	Thurs	\$625	\$675	35811
7	Thurs	\$625	\$675	35812
8	Thurs	\$625	\$675	35813
9/10	Wed	\$625	\$675	35814
11/12	Wed	\$625	\$675	35815

Johnson County Park & Recreation District



JOHNSON COUNTY  
Park & Recreation  
District

# Spring 2017 Youth Basketball Leagues

### Please Complete All Sections

Team Name: \_\_\_\_\_

### Please Circle the Team Ability Level

Beginner    Low Intermediate    High Intermediate    Advanced

This information will be used as needed and may be used to create matchups.

If necessary, grades may be combined or split.

Placement by grade or ability is not guaranteed.

Manager's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Eve): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Please **Circle** your division above. **The highest grade level on the roster for 2016-2017 school year.**
2. Please **Write** the CODE of your division code in the space provided for payment.
3. **Full payment** is due at the time of registration. \$30 Charge on all returned checks.
4. Payment methods accepted: Check, Cash or Credit Card-Visa, MasterCard, or Discover.
5. Refunds will be made only when leagues are filled or when canceled by the league coordinator. Refunds may take 2-3 weeks.

6. Teams will only be registered if division information and payment are provided by the registration deadline.

**The League Coordinator has the right to combine grades and/or divisions to maximize league participation.**

**If a team provides incorrect registration information, division changes are not guaranteed, and standings may not be tracked.**

### For Office Use Only

Entered onto Sanction Form

(initial & date) \_\_\_\_\_

Entered into CLASS

(initial & date) \_\_\_\_\_

Payment Information - Please fill in league CODE(s) below as shown above

Code: \_\_\_\_\_ Total \$ \_\_\_\_\_ (If paying by check, make ONE check payable to JCPRD)

**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.

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: \_\_\_\_\_

	0	5
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**Return completed FORM with FULL PAYMENT to: Okun Fieldhouse -**

**Phone: (913)826-2900 Fax: (913) 826-2911 Address: 20200 Johnson Drive, Shawnee, KS 66226**

**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:**

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

X \_\_\_\_\_  
Signature of person registering participant/s