

# Boys High School Upperclassmen Recreational League

- This league is designed for high school juniors and seniors seeking basketball league play.
- Team registration only.
- Managers must be at least 18 years old.
- **Players must be in grades 10, 11 or 12 for the 2017/2018 school year.**
- No high school graduates. No Freshmen.

Game Location - Okun Fieldhouse, Shawnee  
Day of Play - Wednesday / Overflow -Tuesday

Time of Games - 5:45, 6:45, 7:45, 8:45

Number of Games - 6

**Early Bird Fee - \$300**

**Final Deadline Fee - \$350**

**Early Bird Deadline - April 28**

**Final Deadline - May 5**

**Summer Season - May 30 - August 2**

Johnson County Park & Recreation District

**Summer 2017**

**Upperclassmen Basketball**



## Please Complete All Sections

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

**High School:** \_\_\_\_\_

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

Must be 18 or over to be listed as manager.

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

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

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

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

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

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

1. **Full payment** is due at the time of registration. \$30 Charge on all returned checks.
2. Payment methods accepted: Check, Cash or Credit Card-Visa, MasterCard, or Discover.
3. Refunds will be made only when leagues are filled or when canceled by the league coordinator. Refunds may take 2-3 weeks.
4. **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

X \_\_\_\_\_

Entered into CLASS

X \_\_\_\_\_

## Payment Information

Code: **39490** 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, its 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.

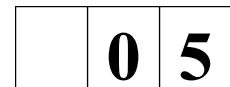
Please charge all fees to:  MC  VS  DS

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: \_\_\_\_\_



**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