

Please complete the section below
and return to Okun Fieldhouse.
Full Payment is required.

Winter 2016 -17 Basketball
**Okun Fieldhouse Practice
Registration Form**
(Wednesdays ONLY)



One 1-hr Okun Fieldhouse practice per week
for the duration of the JCPRD Winter Basketball season.

Practices will be on Wednesday evenings, October 26 - March 1.
No Practice November 23, December 28.
17, 1-hr practices total.

Please mark your 1st, 2nd, 3rd and 4th choice
for practice time below.

Practice assignments will be determined by gym logistics.

Mark your choices, # 1, 2, 3 and 4 ➔	Choice Order	Time	Cost
_____	_____	3:30-4:30	\$255
_____	_____	4:30-5:30	\$340
_____	_____	5:30-6:30	\$340
_____	_____	6:30-7:30	\$340
_____	_____	7:30-8:30	\$340
_____	_____	8:30-9:30	\$255
_____	_____	9:30-10:30	\$255



Team Name: _____ Grade _____

Coach Name: _____

Coach Email: _____

- Okun Fieldhouse Practice Requests are reserved for registered winter 2016-2017 League Teams Only.
- League Registration Opens September 1.
- This form does NOT register your team for league play.
- If your 1st, 2nd, 3rd, or 4th choices cannot be accommodated, you will receive notification as soon as possible and no later than October 7.
- Practice Registration Form for Okun Fieldhouse ONLY. For SMSD Practices, please refer to the SMSD Practice Request and Practice Registration/Payment Forms.

1. Full payment is due at the time of registration. \$30 Service Charge on all returned checks.
2. Payment methods accepted: One team payment by 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 for practices if registered for league and payment

For Office Use Only
Entered onto Sanction Form
x _____
Entered into Rental Grid
x _____
Entered into CLASS
x _____

Payment Information

Code: 31216 Total: \$ _____ (Make checks 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 reproduc-

Please charge all fees to MC VS or DS

Card Number: _____

Expires: ____ - ____ CID#: _____

(Your 3-digit number Credit Card Identification Code [CID] is located on the 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 -

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:
x _____

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

x _____
Signature of person registering participant/s