

**League Team Registration Form
2nd-6th Grade Boys & Girls**

BOYS TEAMS

GRADE	GAMES	DAY	Early Bird	Final Deadline	CODE
1 - 2	10	Fri	\$750	\$800	41190
3	12	Fri	\$945	\$995	41191
4	12	Fri	\$945	\$995	41192
5	12	Mon	\$945	\$995	41193
6	12	Mon	\$945	\$995	41194

5th - 6th grade

Overflow on Sundays

GIRLS TEAMS

GRADE	GAMES	DAY	Early Bird	Final Deadline	CODE
1 - 2	10	Fri	\$750	\$800	41195
3	12	Fri	\$945	\$995	41196
4	12	Fri	\$945	\$995	41197
5	12	Thurs	\$945	\$995	41198
6	12	Thurs	\$945	\$995	41199

Deadlines

Early - September 22 / Final - September 29

Teams attempting to register or change divisions past stated deadlines will be assessed a \$100 late charge. Teams will only be accepted past stated deadlines or moved to different divisions if the League Coordinator and game schedule can accommodate the addition / change.

1. Please **Circle** your division above. The highest grade level on the roster for current 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.
5. Payment methods accepted: Check, Cash or Credit Card-Visa, MasterCard, or Discover.
6. Refunds will be made only when leagues are filled or when canceled by the league coordinator. Refunds may take 2-3 weeks.
7. Teams will only be registered if division information and payment are provided by the registration deadline.

***The League Coordinator has the right to combine leagues and do whatever is necessary to maximize league participation. If a team registers for the incorrect age group, division changes are not guaranteed, and standings may not be tracked.**

For Office Use Only

Entered onto Sanction Form

X _____
Entered into CLASS

Payment Information - Please fill in league CODE 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, 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 or 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: _____

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**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:

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

X _____
Signature of person registering participant/s



Winter 2017-18 Basketball

Nov. 1- Dec.19, 2017 AND Jan. 4 - March 6, 2018

3rd-6th grade - 12 Games

1st & 2nd grade - 10 Games

Please Complete All Sections

Circle League Division in the box to the left.

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:** _____