

OKUN FIELDHOUSE  
2017-2018 Winter Basketball

7th and 8th Grade Boys & Girls

Shawnee Mission School District  
PRACTICE REQUEST  
PAYMENT FORM

75% of players on roster must live within SMSD boundaries.

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

Cost - Session 1 - \$140 per team for 7 practices.

Cost - Session 2 - \$180 per team for 9 practices.

All teams must be accommodated before additional time can be booked.

PRACTICE REQUEST DEADLINE

Session 1 - September 29, 2017

Session 2 - December 1, 2017

League Registration must be paid in full.

Winter 2017-18 Basketball

SMSD Practice Request

Payment Form Only



Team must also submit the Practice Request form and SMSD Roster.

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

Coach Name: \_\_\_\_\_

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

**Practice Request Payment Form Only.**  
**Does not register team for league.**  
**Only league teams may request practice space in SMSD.**

- League Registration, Practice Request Payment Form, Practice Request Form, and SMSD Roster must be submitted by September 29, 2017 (session 1) and/or December 1, 2017 (session 2). Rosters will be checked before processing requests.
- Payment is required for league and practices at time of registration.
- Please see SMSD Gym Info sheet for more information on gyms.

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 if submitted.

For Office Use Only

Entered onto Sanction Form

X \_\_\_\_\_

Entered into CLASS

X \_\_\_\_\_

Payment Information

Code: 41237 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, 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 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: \_\_\_\_\_



back of your

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