

Mid America West Fall League Registration Form

Early Bird Deadline - July 14

Final Deadline - July 21

Season Duration: August 6 to September 24

Your division will be the age of your oldest player as of Dec. 31, 2017.

Circle One

LEAGUE	DIVISION	FEE		CODE
		Early Bird	Final Deadline	
T-Ball	T-Ball	\$490	\$540	38350
6U	Coach Pitch	\$490	\$540	38351
7U	Coach Pitch	\$490	\$540	38352
8U	Coach Pitch	\$490	\$540	38353
9U	Kid Coach	\$525	\$575	38354
10U	Kid Coach	\$525	\$575	38355
10U	Kid Pitch DH	\$745	\$795	38356
11U	DH	\$745	\$795	38357
12U	DH	\$745	\$795	38358
13U	DH	\$745	\$795	38359
14U	DH	\$745	\$795	38360
16U	DH	\$745	\$795	38361
18U	DH	\$745	\$795	38362

Games will be scheduled for Sundays. 12:00pm to 9:00pm.
Rainout reschedules will be placed on Sundays or Fridays.

Johnson County Park & Recreation District

Fall 2017

Youth Fastpitch Leagues



Please Complete All Sections

Circle League in the box to the left.

Team Name: _____

Ability Level: Beginner Intermediate Advanced

This information will be used as needed and may be used to create matchups.
If necessary, ages may be combined or split.
Placement by age or ability is not guaranteed.

Manager's Name: _____

Email: _____

Email (2nd): _____

Phone (Cell): _____

Phone (2nd): _____

Address: _____

City: _____ State: _____ Zip: _____

1. Please **Circle** your division above. The age of the oldest player as of Dec. 31, 2017.
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. Late registrations are subject to a \$100 late fee.
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 ages 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 _____

Please fill in league CODE below as shown above. If paying by check, make ONE check payable to JCPRD.

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

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