

Summer High School League and Practice Registration Form Circle One

<u>DAY</u>	<u>LEAGUE</u>	<u>CODE</u>
Wed	14U	183143
Wed	16U	18316
Wed	18U	18318

Early Bird Registration - May 4 - \$795 per team

Final Deadline Registration - May 11 - \$845 per team

Season Duration

May 30 - July 11

5 Double Headers - 10 Games

Johnson County Park & Recreation District



Summer 2018

High School 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: _____

Phone (Cell): _____

Phone (Day): _____

Phone (Eve): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1. Please **Circle** your division above. The age of the oldest player on 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.
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.

REQUIRED League Code: _____ Total \$ _____ / **OPTIONAL** Practice Code: 18300 Total \$ _____

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 -
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