

# Youth Spring League and Practice Registration Form

**Early Bird Deadline - March 9**  
**Final Deadline - March 16**  
**Season Duration: April 9 - July 8**

## Circle One

DAY	LEAGUE	DIVISION	FEE		CODE
			Early Bird	Final Deadline	
Mon	T-Ball	T-Ball	\$1145	\$1195	18305
Mon	6U	Coach Pitch	\$1145	\$1195	18306
Mon	7U	Coach Pitch	\$1145	\$1195	183071
Wed	7U	Coach Pitch	\$1145	\$1195	183072
Mon	8U	Coach Pitch	\$1145	\$1195	183081
Wed	8U	Coach Pitch	\$1145	\$1195	183082
Wed	9U	Kid/Coach	\$1195	\$1245	183091
Thurs	9U	Kid/Coach	\$1195	\$1245	183092
Wed	10U	Kid/Coach	\$1195	\$1245	183101
Thurs	10U	Kid/Coach	\$1195	\$1245	183102
Thurs	10U	Kid Pitch	\$1195	\$1245	183103
Tues	11U	Fastpitch	\$1245	\$1295	183111
Thurs	11U	Fastpitch	\$1245	\$1295	183112
Tues	12U	Single Games	\$1245	\$1295	183121
Tues	12U	Double Headers	\$1395	\$1445	183122
Tues	13U	Single Games	\$1245	\$1295	18313
Tues	14U	Single Games	\$1245	\$1295	183141
Tues	14UB	Tourney Teams	NA	\$1000	183142

Johnson County Park & Recreation District



# Spring 2018 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:** \_\_\_\_\_

**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. 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.**

**REQUIRED** League Code: \_\_\_\_\_ Total \$ \_\_\_\_\_

**OPTIONAL** Practice Code: 18300 Total \$ \_\_\_\_\_

**OPTIONAL** Extra T-shirt Code (T-Ball - 8U): 18301 Total \$ \_\_\_\_\_

**OPTIONAL** Coaches Clinic Code: 18302 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:** \_\_\_\_\_

**05**

**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:** \_\_\_\_\_

**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