

OKUN FIELDHOUSE

Circle correct grade for current school year.

Grade	Session 1	Session 2	
Grade 3	41122	41130	All Divisions play Double Headers on Saturdays. Possible game times will be 7:50am - 5:00pm.
Grade 4	41123	41131	
Grade 5	41124	41132	
Grade 6	41125	41133	Grades may be combined.
Grade 7	41126	41134	
Grade 8	41127	41135	Grades will only be split by ability level if possible.
Grades 9/10	41128	41136	
Grades 11/12	41129	41137	

Session 1 will begin Oct. 28 and conclude no later than Dec. 16
Session 2 will begin Jan. 6 and conclude no later than Mar. 3

Early Bird Deadline - Session 1 - Sept. 22 - \$525
 Final Deadline - Session 1 - Sept. 29 - \$575
 Early Bird Deadline - Session 2 - Nov. 27 - \$525
 Final Deadline - Session 2 - Dec. 1 - \$575

**** Best Deal****

Register for Session 1 + 2 at the same time on the same day:
 By Sept. 22 - \$1025
 By Sept. 29 - \$1075

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 the 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.
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 Supervisor has the right to combine leagues and do whatever is necessary to maximize league participation.



Winter 2017-18 Youth Volleyball Leagues

Please Complete All Sections

Circle League Division in the box to the left.

Team Name: _____

Ability Level: Beginner Intermediate Advanced

(If necessary, grades will be combined or split)

Manager's Name: _____

Email: _____

Phone (Cell): _____

Phone (Day): _____

Phone (Eve): _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only

Entered onto Sanction Form

X _____

Entered into CLASS

X _____

Payment Information - Please fill in league CODE(s) below as shown above

Sess. 1 Code _____ Sess. 2 Code _____ Total \$ _____ (If paying by check, make ONE check payable to

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, 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