



JCPRD REGISTRATION FORM

Return completed form with fee. Make check payable to: JCPRD
ATTENTION: Registration Office (Bldg. D),
6501 Antioch Road, Shawnee Mission, KS 66202
PLEASE PRINT

09

OFFICE USE ONLY:
Payment CA CK MC VS DS
Registrar _____
Date _____

Participant's Name	Age	Code Number	Program	Date	Day	Time	Fee

NOTE: Please keep a record of dates and times of events. Confirmations are not sent.

There is a \$20 charge on all returned checks

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, it's 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. **NOTICE:** By enrolling in this program you hereby acknowledge the Johnson County Park and Recreation District can and may photograph and/or video tape program participants and then use such images, without payment or any other consideration, for purposes of publicizing District parks, facilities, programs or services, or for any other lawful purpose.

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: _____

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 (AC) Home phone# (AC) Work phone# Ext.#

Address: _____
Street Apt.# City State Zip (Required)