



# JCPRD PROGRAM REGISTRATION FORM

Return completed form with fee.

Make check payable to: JCPRD, Registration Office (Bldg. D)  
6501 Antioch Road, Shawnee Mission, KS 66202

009

Form #243  
updated 11/29/11

NOTE: There is a \$20 service charge on all returned checks.

Office use Only:  
Payment: CA CK MC VS DS  
Registrar: \_\_\_\_\_  
Date: \_\_\_\_\_

(PRINT) Participant's Name	Age	Code Number	Class Title	Class Date	Class Day	Class Time	Class Fee

NOTE: Confirmations are not sent. Please keep a record of dates and times of classes you have enrolled in.

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: \_\_\_\_\_

**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 participant 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. **(Registration is invalid without signature.)**

I have read and understand the waiver statement.

X \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Signature Home phone# Work phone# Ext.#

Mailing Address: \_\_\_\_\_  
Street Apt.# City State Zip

Previous address: \_\_\_\_\_

Charge all fees to  MC  VS or  DS Name as Printed on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ 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.)*

Billing Address: \_\_\_\_\_  
Street Apt.# City State Zip