

# TEAM REGISTRATION FORM

(please print)

**Deadline: 4pm on July 2, 2007**

Coach First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hm # \_\_\_\_\_

Wk# \_\_\_\_\_

Cell # \_\_\_\_\_

Spouse Name \_\_\_\_\_

E-mail \_\_\_\_\_

Team # \_\_\_\_\_

Team Color \_\_\_\_\_

Please list the following if you know your Assistant Coaches.

Assistant Coach Name \_\_\_\_\_ Phone # ( +Area Code) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*As Head Coach, I promise to abide by the Rules, Regulations, Policies, and Directives of the Johnson County Youth Soccer League at all times and will see that my Assistant Coaches, Players and Fans do the same.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you still have spots available on your team would you like additional players to be added by JCPRD?  
\_\_\_\_ Yes \_\_\_\_ No (players will be added if line not checked.)

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 accommodation 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 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 on 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) (black/white or color) 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 thereof."

I Have Read & Understand The Waiver Statement; Registration Invalid Without Signature.

X Signature: \_\_\_\_\_  
Coach signature

REFUND POLICY..... Refunds will be made only when leagues are filled or when canceled by the Recreation District. Returned checks are subject to a \$20 Service Charge.

### Please fill out all information

- Pee Wee age 4 Boys \$50 Player 74-3901-070-03
- Pee Wee age 5 Boys \$50 Player 74-3901-070-04
- Pee Wee age 6 Boys \$50 Player 74-3901-070-05
- Pee Wee age 4 Girls \$50 Player 74-3901-070-06
- Pee Wee age 5 Girls \$50 Player 74-3901-070-07
- Pee Wee age 6 Girls \$50 Player 74-3901-070-08
- JCYS Grade 1 Boys \$59 Player 74-3901-070-09
- JCYS Grade 2 Boys \$59 Player 74-3901-070-10
- JCYS Grade 3 Boys \$59 Player 74-3901-070-11
- JCYS Grade 4 Boys \$59 Player 74-3901-070-12
- JCYS Grade 5 Boys \$59 Player 74-3901-070-13
- JCYS Grade 6 Boys \$59 Player 74-3901-070-14
- JCYS Grade 7 Boys \$59 Player 74-3901-070-15
- JCYS Grade 8 Boys \$59 Player 74-3901-070-16
- JCYS Grade 1 Girls \$59 Player 74-3901-070-17
- JCYS Grade 2 Girls \$59 Player 74-3901-070-18
- JCYS Grade 3 Girls \$59 Player 74-3901-070-19
- JCYS Grade 4 Girls \$59 Player 74-3901-070-20
- JCYS Grade 5 Girls \$59 Player 74-3901-070-21
- JCYS Grade 6 Girls \$59 Player 74-3901-070-22
- JCYS Grade 7 Girls \$59 Player 74-3901-070-23
- JCYS Grade 8 Girls \$59 Player 74-3901-070-24

### Please include the following with your Team Registration form:

- \_\_\_\_ Team, Info and Special Request Form (Green Sheet).
- \_\_\_\_ Payment required to register each player on roster.
- \_\_\_\_ Waiver Form (signed by parents)
- \_\_\_\_ Jersey Form (Yellow) (if needed)
- \_\_\_\_ Background Check form (if not previously submitted).
- \_\_\_\_ Volunteer Form (if not previously submitted).

Please charge all fees to: \_\_\_\_MC \_\_\_\_ VS \_\_\_\_Discover

Card Number \_\_\_\_\_

Expires: \_\_\_\_\_ CID#: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
mm/yy

(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: \_\_\_\_\_

**TEAM Registrations must be in Antioch Park Office by 4 pm, July 2, 2007. (No phone-ins/Signature required!) Complete registration form and return with fee. Please make checks payable to JCPRD and deliver to: Johnson County Park & Recreation District, 6501 Antioch Road, Shawnee Mission KS 66202 or fax to (913) 831-3311.**