



JCPRD PROGRAM REGISTRATION FORM
 Return completed form with fee.
 Make check payable to: JCPRD
 Mail to: Registration Office (Bldg. C)
 6501 Antioch Road, Shawnee Mission, KS 66202

Form #243

05

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

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

(PRINT) Name - Head of Household	Age	Code Number	Class Title	Date	Day	Time	Fee
		03-3581-012-02	Great American Family Campout	7/31	Sat.	@2 pm	

Number of adults ages 16 & up ___ @\$20 each = ___; Number of children ages 3-15 ___ @\$15 each = ___; Number of children under 3 ___ @Free ___

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

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

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:

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.

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

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.

I HAVE READ & UNDERSTAND THE WAIVER STATEMENT; REGISTRATION INVALID WITHOUT SIGNATURE.

X _____ (____) _____ (____) _____
 Signature of person registering participant/s Area code Home phone # Area code Work phone # Ext.#

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

Previous address _____