

Adult Volleyball Leagues

New Century Fieldhouse

551 New Century Pkwy, New Century KS, 66031

Code	Day	League	Games	Team Cost
25710	THURS	Womens Power	8	\$215

Okun Fieldhouse

20200 Johnson Dr, Shawnee, KS 66218

Code	Day	League	Games	Team Cost
25708	MON	Womens Power	8	\$215
25709	WED	Womens Int	8	\$215

Roeland Park Sports Dome

4850 Rosewood Dr, Roeland Park, KS 66205

25693	SUN	Coed Rec	8	\$215
25694	SUN	Coed Int	8	\$215
25695	MON	Coed Int	8	\$215
25696	TUES	Coed Int	8	\$215
25697	TUES	Womens Power	8	\$215
25698	TUES	Womens Rec	8	\$215
25699	WED	Mens Int	8	\$215
25700	WED	Mens Power	8	\$215
25701	WED	Womens Int	8	\$215
25702	THURS	Coed Rec	8	\$215
25704	THURS	Womens Int	8	\$215
25705	THURS	Coed Int	8	\$215
25706	THURS	Coed Power	8	\$215

FALL 2019



Join us for a fun season of volleyball at Okun Fieldhouse, Roeland Park, or New Century Fieldhouse!

Games will start
Oct. 13th

Game times rotate weekly :
6:15, 7:05, 7:55, 8:45 & 9:35

Registrations are accepted on a first come, first served basis.

Recreation (Rec) - Beginning and less competitive teams having fun and trying to get better. Level B Players.

Intermediate (Int) - More experienced teams that have the fundamentals of passing, setting, and spiking down. Level B, BB, A Players.

Power - Competitive, experienced, and strong teams proficient in the fundamentals of the game. Level BB, A, AA Players

Register online at jcprd.com

Click "Register for Activities" and type in your league code from the chart above

Full payment required at registration: cash, money order, certified or company check, Visa, MasterCard, Discover, or personal checks are all accepted.

REGISTRATION
DEADLINE:

October 4th

Register online or call/visit:

Antioch Park
(913) 913-831-3359

6501 Antioch Road, Shawnee Mission, KS 66202



JOHNSON COUNTY
Park & Recreation
District

Adult Volleyball Registration Form & Waiver

- Register online at www.jcprd.com or register by phone by calling: (913) 831-3359 from 8:30am - 4:00pm, Monday - Friday
- Fax in registration: (913) 831-6336 for Visa, MasterCard, Discover from 8:30am - 4:00pm, Monday - Friday.
- Mail or walk-in payments must be received at Antioch Park Building D, 6501 Antioch Rd, Shawnee Mission, KS 66202
- You will be notified if league cancels due to insufficient registration. Refunds will be made only when leagues are filled or when canceled by the Recreation District. Refunds may take 2 – 3 weeks.
- Team managers will be emailed one week before start date with the first week's game time. Game times change week to week. The full schedule is handed out the first night.

Location : _____ Day: _____ League: _____	League Code: _____ (Can be found on the chart on the other side)
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Manager's Name: _____

Team Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home/Cell Phone: _____ **Alt Phone:** _____

Email Address: _____

Please charge fees to: MC ___ VS ___ DS ___

Card Number: _____ - _____ - _____ - _____

C I D: ___ - ___ - ___ **Expires:** ___ - ___

(Your 3-digit Credit Card Identificatio Code(CID) is located on the back of your credit card above 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: _____

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, 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) (black/white or color) and/or video taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof."

Registration Invalid without signature: _____