



JOHNSON COUNTY
Park & Recreation
District

KCCC SOFTBALL TUNE-UP 2019

This is a five-week, 10 game double-header league to prepare you physically and strategically, for the upcoming Corporate Challenge Softball competition.

ALL GAMES will be PLAYED at: MID-AMERICA SPORTS COMPLEX

20000 Johnson Drive, Shawnee, KS 66218

REGISTER NOW! Registration ends Thursday, March 7th

GAME TIMES: Alternate weekly 6:30&7:30 / 8:30&9:30

Teams will be contacted with 1st game time one week prior to start of the league

Coed Softball League		
BEGINS: Monday, March 18th	FEE: \$475 per team	*Rules follow same as KCCC Rules*
ENDS: Monday, April 15th		
CODE:		
WAYS TO REGISTER:	PHONE: 913-826-2903 From 8:00am-3pm Mon-Fri	FAX: 913-826-2911
	MAIL TO or WALK-IN at 6501 Antioch Rd (BLDG C), Shawnee Mission KS 66202	
Cash, Checks, MC/VS/DS, or money orders are accepted. All returned checks subject to a \$30 service charge.		
Visit us online at www.jcprd.com		

PRACTICE OPPORTUNITIES AVAILABLE AT JCPRD FACILITIES. CALL FOR INFORMATION

Okun Fieldhouse - 913-826-2900

GOOD LUCK ON THE 2019 KC CORPORATE CHALLENGE



JCPRD REGISTRATION FORM

Return completed form with fee.

Make check payable to: JCPRD

Attention: Registration Office (Bldg. C)

6501 Antioch Road, Shawnee Mission, KS 66202

OFFICE USE ONLY:

Payment CA CK MC VS DS

Registrar _____

Date: _____

PLEASE PRINT

Company Name: _____

Manager's Name	Code Number	League Title	DATE	DAY	FEE

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, 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) and/or video 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.

There is a \$30 charge on all returned checks.

Please charge all fees to MC VS DS

Card #: _____

Expires: ___/___/___ CID: _____

Name as Printed On Card: _____

Refund Policy: Refunds will be made only when leagues are filled or canceled by JCPRD. Refunds may take 2-3 weeks.

JCPRD is committed to making reasonable accommodations as required by the Americans With Disabilities Act. Request must be made two weeks or ten working days prior to start of the program. Please indicate what accommodations are needed: _____

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

X _____
Signature of person registering participants Phone # E-mail Address

Address: _____
Street Apt. # City State Zip Code