

Registration Form and Waiver

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Clinic Name: _____

Date: _____ Day: _____ Time: _____

Class Code: _____ - _____ - _____ - _____

Clinic Fee: _____

Child's Name _____

Parent's Name _____

Address _____

City _____

State _____ Zip Code _____

Home/Cell Phone _____

Work Phone _____

Please charge fees to: MC ____ VS ____ DS ____

Card Number _____ - _____ - _____

C I D ____ - ____ - ____ Expires ____ - ____

(Your 3-digit number Credit Card Identification 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.)

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) 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

Signature: _____



JOHNSON COUNTY
PARK & RECREATION
DISTRICT
6501 Antioch Road
Shawnee Mission, KS 66202-3637

FALL, WINTER, & SPRING 2009-2010

BIDDY BASKETBALL & INDOOR SOCCER CLINICS

Boys & Girls

4-9 Years Old



Sponsored By
JOHNSON COUNTY PARK
& RECREATION DISTRICT



WWW.JCPRD.COM

Print Std
US Postage
PAID
Permit No. 8
Kansas City KS
66103

Biddy Basketball Clinics – Ages 4-9 yrs

Itty Biddy Basketball Clinic –4 week session Parent/Guardian must participate. Biddy Basketball Clinic –3 weeks of stations and 3 weeks of scrimmage. Biddy Basketball Advance- 2 weeks of stations and 4 weeks of scrimmage. Parent Coaches - Any parent interested in helping coach can contact the Roeland Park Sports Dome for more information. Parent Coaches child's registration fee will be reimbursed.

BIDDY BASKETBALL FALL SEASON

Itty Biddy Basketball Clinic

4-40 minute sessions - \$40 (\$44 nonresident)
Parent or Guardian Must Participate
94-4008-042-01 4 yrs 10/24 Sat. 8 am

Biddy Basketball Clinic

6-50 minute sessions - \$50 (\$55 nonresident)
94-4008-042-02 5-6 yrs 10/24 Sat. 9 am
94-4008-042-03 7-8 yrs 10/24 Sat. 10 am

Biddy Basketball Advance

6-50 minute sessions - \$50 (\$55 nonresident)
94-4008-042-04 7-9 yrs 10/24 Sat. 11 am

BIDDY BASKETBALL WINTER SEASON

Itty Biddy Basketball Clinic

4-40 minute sessions - \$40 (\$44 nonresident)
Parent or Guardian Must Participate
01-4008-042-01 4 yrs 1/9 Sat. 8 am

Biddy Basketball Clinic

6-50 minute sessions - \$50 (\$55 nonresident)
01-4008-042-02 5-6 yrs 1/9 Sat. 9 am
01-4008-042-03 7-8 yrs 1/9 Sat. 10 am

Biddy Basketball Advance

6-50 minute sessions - \$50 (\$55 nonresident)
01-4008-042-04 7-9 yrs 1/9 Sat. 11 am

BIDDY BASKETBALL SPRING SEASON

Biddy Basketball Clinic

6-50 minute sessions - \$50 (\$55 nonresident)
02-4008-042-01 5-6 yrs 2/27 Sat. 9 am
02-4008-042-02 7-8 yrs 2/27 Sat. 10 am

Biddy Basketball Advance

6-50 minute sessions - \$50 (\$55 nonresident)
02-4008-042-03 7-9 yrs 2/27 Sat. 11 am

Indoor Soccer Clinics – Ages 4-8 yrs

Itty Biddy Soccer Clinic—4 Week session Parent/Guardian must Participate.
Indoor Soccer Clinic –3 weeks of stations and 3 weeks of scrimmage

INDOOR SOCCER FALL SEASON

Itty Biddy Soccer Clinic

4-40 minute sessions - \$40 (\$44 nonresident)
Parent or Guardian Must Participate
94-4006-042-01 4 yrs 10/24 Sat. 9 am

Biddy Soccer Clinic

6-50 minute sessions - \$50 (\$55 nonresident)
94-4006-042-02 5-6 yrs 10/24 Sat. 10 am
94-4006-042-03 7-8 yrs 10/24 Sat. 11 am

INDOOR SOCCER WINTER SEASON

Itty Biddy Soccer Clinic

4-40 minute sessions - \$40 (\$44 nonresident)
Parent or Guardian Must Participate
01-4006-042-01 4 yrs 1/9 Sat. 9 am

Biddy Soccer Clinic

6-50 minute sessions - \$50 (\$55 nonresident)
01-4006-042-02 5-6 yrs 1/9 Sat. 10 am
01-4006-042-03 7-8 yrs 1/9 Sat. 11 am

Location, Address and Phone

Roeland Park Sports Dome
4850 Rosewood Drive
Roeland Park, KS., 66215
(913) 362-8700

Inclement Weather Number
(913) 312-8839

GENERAL INFORMATION

This flyer/registration form is available in alternative formats. You must register prior to program start date by one of the methods shown below. Some locations cannot accept registrations or monies. Clinics are limited, so early registration is suggested.

- Registrations are accepted on a first come, first served basis.
- Full payment is required at the time of your enrollment.
- Forms of payment accepted are Visa, MasterCard, Discover, check, money order, or cash. The District will assess a \$20.00 service charge for all returned checks.

REGISTER BY:

Web - www.jcprd.com
Mail - Johnson County Park and Recreation District
Registration Office, Building C
6501 Antioch Rd., Shawnee Mission, KS 66202
(913) 831-6336
Fax - (913) 831-3359
Phone - (913) 831-3359
(Monday – Friday, 8:30 am – 4:00 pm)
Walk in- Registration Office
(Monday – Friday, 8:30 am – 5:00 pm)

- Date/time/location changes, full programs, cancellations – You will be notified if changes are made to your program or if the program has reached the maximum enrollment prior to receiving your registration.
- Confirmations – Due to our large volume of programs and participants, we do not send confirmations.
- User fees cover all the costs of these programs. When you register, we depend on your enrollment for a successful program. Please plan your schedule carefully.
- Refunds – Please use the contact number shown below. Refunds may take 2 – 3 weeks for processing.

For further information on these programs call:
Roeland Park Sports Dome at (913) 362-8700

For inclement weather information call:
(913) 312-8839



Visit us online at

JOHNSON COUNTY
PARK & RECREATION
DISTRICT

www.jcprd.com