



**SPRING 2010 REGISTRATION FORM**

Registration must be in Antioch Park Office by 4 PM January 29, 2010. No phone-ins - signature is required. Complete registration form and return with payment. Deliver to JCPRD, 6501 Antioch Rd., Shawnee Mission, KS, 66202 or fax: 913.831.6336.

**Please Print**

Boy\_ - Girl\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_  
Child First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parents' Names Mom \_\_\_\_\_ Dad \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone (M) \_\_\_\_\_ (D) \_\_\_\_\_  
Cell Phone (M) \_\_\_\_\_ (D) \_\_\_\_\_  
E-mail (M) \_\_\_\_\_  
(D) \_\_\_\_\_  
Grade for 2009/2010 school year \_\_\_\_\_  
Elementary School Child attends or will attend: \_\_\_\_\_

**Emergency Information and Waiver**

Emergency Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Physician Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Please list any medical problems or allergies: \_\_\_\_\_

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. \_\_\_\_\_

**WAIVER STATEMENT**

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 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. 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: \_\_\_\_\_  
Signature of person registering participant/s

**Waiver & Parents code of Conduct form must be signed with registration in order to be accepted.**

Office use only: TEAM # \_\_\_\_\_  
Access \_\_\_\_\_ Jersey Fee \_\_\_\_\_ Rec'd Jersey \_\_\_\_\_

- PeeWee League**(Age 4 thru K)  
**02-3901-070-01 \$60**  
6 Games (Weather Permitting) starting 4/3  
Schedules distributed by coaches
- JCYS League**(Grades 1 thru 4)  
**02-3901-070-02 \$69**  
8 Games (Weather Permitting) starting 3/20  
Schedules distributed by coaches
- JCYS League**(Grades 5 thru 8)  
**02-3901-070-03 \$74**  
8 Games (Weather Permitting) starting 3/20  
Schedules distributed by coaches & on line at [www.shawneesoccer.org](http://www.shawneesoccer.org)

Did child play on JCPRD Fall 2009 team? \_\_\_Yes \_\_\_No

**Preferred Coach:** \_\_\_\_\_

**FRIENDS:** If you would like to be on the same team as a friend/s, please list names below, register them together and staple forms together. There is no guarantee of same team placement if registration forms are not submitted together.

**JERSEYS - NOT INCLUDED IN LEAGUE FEES**

Only need to purchase a jersey if new player, need replacement or change team.  
**JCPRD jerseys must be worn at all league games.**

**Size:** YS(8-10)\_\_\_ YM(10-12)\_\_\_ YL(14-16)\_\_\_  
AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ Other \_\_\_\_\_

- Pee Wee Jersey**(Age 4 thru K)  
**02-3901-070-04 \$15**
- JCYS Jersey**(Grades 1 thru 8)  
**02-3901-070-05 \$15**

Please charge all fees to: \_\_\_ MC \_\_\_ VS \_\_\_ Discover  
Card Number: \_\_\_\_\_  
Expires: \_\_\_\_\_ CID#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
mm/yy  
*(Your 3-digit number Credit 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: \_\_\_\_\_  
**REFUND POLICY:** Refunds will be made only when leagues are filled or when entire league is cancelled by the Recreation District. **No refunds after leagues have started. Returned checks are subject to a \$20 Service Charge.**

**COACHES/REFEREES**  
Coach \_\_\_\_\_ AC \_\_\_\_\_ Team Asst. \_\_\_\_\_  
Referee \_\_\_\_\_ (min. age 14)  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Teams: Coaches must submit all individual registrations to keep their teams together.  
**Team Assistant** helps with refreshments, team pictures and informing players of game cancellations.

## Parents Code of Conduct

**I PLEDGE** to provide positive support, care and encouragement for my child participating in youth sports. **Teams can and will be penalized for any negative actions or talk from their sideline.**

**I will present the best example of character and behavior at all times.**

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.

I will place the emotional and physical well-being of my child ahead of my personal desire to win. **I will de-emphasize winning or losing attitude towards opposing team/coaches and focus on fun and participation.**

I will support coaches and officials in order to encourage a positive and enjoyable experience for all. **The Referee is in charge of the game.**

I will never criticize the referee openly or directly during games. **Before you attempt to interpret the Laws of the Game be sure you know and understand them.** (We are always in need of Referees. if you are knowledgeable with the rules please volunteer your time to Referee.)

**I will not coach the players from the sidelines.** I will let the Coaches do the Coaching. (Players are confused if everyone is yelling instructions to them.)

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

**Making mistakes is part of the learning process—don't criticize.**

I will make youth sports fun for my players.

**I understand that the Game is For the Kids – it is not for the adults.**

**If a parent/spectator is found violating any of the above, he/she may be asked to leave the field. Since the Coach is responsible for the actions of the parents/spectators, he will be carded and this may result in suspension of his/her coaching duties.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make a copy for yourself and turn in this signed form with your registration form.**

**Parents must sign in order for their child to be placed on a team.**



JOHNSON COUNTY  
PARK & RECREATION  
DISTRICT

## COMVAC COACH OF THE YEAR 2010 Nomination Form

Nominee: \_\_\_\_\_

Coach       Assistant Coach

Organization:  JCPRD       Olathe

Sport: \_\_\_\_\_

Team Name / Age / Gender of Team Coached  
\_\_\_\_\_

### Criteria for COMVAC Coach of the Year

- Does the Coach encourage Players and Parents to demonstrate good sportsmanship skills that link between the games and life situations?
- Are players taught to be enthusiastic, self-confident and risk takers and play up to their ability?
- Is Coach a good Role Model and are players taught by example?
- Personal development: Does coach attend Coaches' Training sessions and try to improve knowledge of all aspects of game, refereeing, coaching?
- Is Coach open to suggestions?
- Are players taught not only how to win but how to lose?
- Respect: Does coach teach respect to teammates, coaches and officials?

Please describe below why this nominee is deserving of the COMVAC Coach of the Year Award (add additional pages if required).

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Please Print Your Name

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

If submitting nomination form at a later date download 2009 Nomination form at [www.jcprdsoccer.com](http://www.jcprdsoccer.com) and email to [jane.lickteig@jocogov.org](mailto:jane.lickteig@jocogov.org) or fax to 913-831-3311 attn. Jane Lickteig

Nomination form must be received by July 9, 2010.