



****NEW CENTURY FIELDHOUSE ****
2017 FALL I MEN'S INDOOR SOCCER LEAGUES

551 New Century Parkway – New Century, KS 66031
www.newcenturyfieldhouse.com (913) 826-2850

New Century Fieldhouse has a state of the art Sprinturf field measuring 100' x 190'. Men's Rec league will be offered. The Fall I league will consist of 6 games. Game times will range with a start time of 4 – 10 p.m. on Sunday. Men's league play with 5 field players + 1 goalie. Must be at least 18 to participate in the league.

League Information

6 games - \$400 Registration Deadline: August 16

<u>League Code</u>	<u>League</u>	<u>Day of Play</u>	<u>Start Date</u>
40760	Men's Rec	Sunday	August 27

Register early to secure your spot!

Register by mail to JCPRD New Century Fieldhouse 551 New Century, KS 66031, fax to (913) 826-2863, phone in to (913) 826-2850 between 8:30 am – 5:00 pm, or walk in to above address between 8:30 am – 5:00 pm, Monday - Friday.

(PRINT) Manager's Name	Team Name	Code Number (Fill in blank)	League Title	Start Date	Day	Time	Fee
		40760	Men's Rec	8/27	Sun	Varies	\$400

NOTE: Please keep a record of dates and times of classes. Confirmations are not sent.

All returned checks are subject to a \$20 service charge!

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 photographs(s) (black/white or color) and or video 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 thereof."

Please charge all fees to: MC VS DS

Card Number: _____ Expires: _____

Name as Printed on Charge Card: _____

Refunds are only given when camps are filled, or cancelled by the District. Please allow 2 to 3 weeks for refunds.

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: _____

X _____ (_____) _____
 Signature Cell Phone

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

Email Address: _____