KCCC 3-ON-3 SOCCER TUNE-UP 2017

This is a five-week, 10 game double-header league to prepare you, physically and stragically, for the upcoming Corporate Challenge 3-on-3 Soccer competition.

ALL GAMES will be PLAYED at: MID-AMERICA SPORTS COMPLEX
20000 Johnson Drive, Shawnee KS 66218

REGISTER NOW! Registration ends Friday, April 7, 2017
GAME TIMES: Alternate weekly 6:00&6:30 / 7:00&7:30

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

Men's League		Women's League
BEGINS: Monday, April 17th **ENDS**: Monday, June 5th	FEE: $225 per team	**BEGINS**: Tuesday, April 18th **ENDS**: Tuesday, June 6th
CODE: 39216		**CODE**: 39217

WAYS TO REGISTER: **PHONE:** 913-831-3359 From 8:30am-4pm Mon-Fri **FAX:** 913-831-6336
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 2017 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

There is a $20 charge on all returned checks.

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 particpant 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 particpant 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.

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 accomodations 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 & CANCELATION POLICIES; REGISTRATION INVALID WITHOUT SIGNATURE

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

Address: _____
Street Apt. # City State Zip Code