



# PROGRAM REGISTRATION FORM

Return completed form with fee.

Make check payable to: JCPRD, Registration Office (Bldg. C)  
6501 Antioch Road, Shawnee Mission, KS 66202

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Form #243  
updated 02/10/04  
resized 02/16/04

Office use Only:  
Payment: CA CK MC VS DS  
Registrar: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTE: There is a \$30 service charge on all returned checks.**

(PRINT) Participant's Name	Age	Code Number	Class Title	Class Date	Class Day	Class Time	Class Fee

**NOTE: Please keep a record of dates and times of classes you have enrolled in; confirmations are not sent.**

Charge all fees to  MC  VS or  DS Name as Printed on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CID #: \_\_\_\_\_

*(Your 3-digit number Credit Card 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.)*

Billing Address: \_\_\_\_\_  
Street Apt.# City State Zip

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:

"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."

**I Have Read & Understand The Waiver Statement; Registration Invalid Without Signature.**

X \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Signature Home phone# Work phone#

Mailing Address: \_\_\_\_\_  
Street Apt.# City State Zip

Previous address: \_\_\_\_\_