



RBI REGISTRATION FORM

Return completed form with fee. Make check payable to: RBI
Softball Registration
6301 Rockhill Rd, Kansas City, MO 64134
Fax to: 816-361-3675

05

OFFICE USE ONLY:						
Payment	CA	CK	MC	VS	DS	
Registrar	_____					
Date	_____					

TEAM NAME: _____

MANAGERS NAME	CODE NUMBER	LEAGUE TITLE	DATE	DAY	TIME	FEE

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

Please charge all fees to MC VS or DS

There is a \$20 charge on all returned checks.

WAIVER STATEMENT: "The undersigned states that he/she understands that the Boys & Girls Clubs of Greater Kansas City 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 Boys & Girls Clubs of Greater Kansas City 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. Also, the undersigned and the participant authorize the Boys & Girls Clubs of Greater Kansas City 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 undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photographs) or reproductions.

Card Number: _____ 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.**)

Name as Printed on Charge Card: _____

REFUND POLICY . . .Refunds will be made only when leagues are filled or cancelled by the Johnson County Park and Recreation District. Refunds may take 2-3 weeks.

RBI 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:

I HAVE READ & UNDERSTAND THE WAIVER STATEMENT & CANCELLATION POLICIES; REGISTRATION INVALID WITHOUT SIGNATURE.

X _____ () - _____ () - _____
Manager Signature Manager Home phone # Manager Work phone #

() - _____ Email: _____
Manager Cell phone #

Address: _____
Street Apt # City State Zip