



JG's oldest program has flourished the last two years as part of the nationwide JR NBA/WNBA program. The 2008/09 JR NBA/WNBA featured over 200 kids last season. The program begins with pre-season clinics in November followed by exhibition games and practices in December. Teams will begin league play in January with each team having a practice before game play. Each team will practice for 30 minutes before a 40-minute game.

**This year we are proud to partner with Game On! Sports Camp 4 Girls in presenting this program.**

### JR NBA BOYS: AGES PRE K – 8TH

Preseason Dates: Nov. 1, 8, 15, 22 (Includes Ball & Tee-Shirt)

Preseason Times: 2:00-2:55 Pre K-K  
 3:00-4:20 1<sup>st</sup> & 2<sup>nd</sup> Grade  
 4:30-5:50 3<sup>rd</sup> & 4<sup>th</sup> Grade  
 6:00-7:20 5<sup>th</sup>-8<sup>th</sup> Grade

Game Dates: Dec. 6, Dec. 13, Jan. 10, 17, 24, 31 Feb. 15, (Monday), 21, 28 March 7 & 14

Game Times: 2:00 - 2:40 PreK – K  
 2:00 - 4:30 1<sup>st</sup> & 2<sup>nd</sup> Grade: (Times will vary each week)  
 4:00 – 6:30 3<sup>rd</sup> & 4<sup>th</sup> Grade: (Times will vary each week)  
 5:00 - 7:30 5<sup>th</sup>-8<sup>th</sup> Grade:

Cost: \$495 Includes NBA Uniforms, Calendars, Posters, Tee-Shirts & More!!!

### JR WNBA GIRLS: GRADES 1<sup>ST</sup>-8TH - Presented by Dana Leonard & Game On! Sports Camp 4 Girls

Preseason Dates: Nov. 1, 8, 15, 22 (Includes Ball & Tee-Shirt)

Preseason Times: 11:30-12:45 1<sup>st</sup>-4<sup>th</sup> Grade  
 12:45-2:00 5<sup>th</sup>-8<sup>th</sup> Grade

Game Dates: Dec. 6, Dec. 13, Jan. 10, 17, 24, 31 Feb. 15, (Monday), 21, 28 March 7 & 14

Game Times: 11:30-1:00 PM 1<sup>st</sup>-4<sup>th</sup> Grade  
 12:30-2:00 PM 5<sup>th</sup>-8<sup>th</sup> Grade

Cost: \$495 Includes WNBA Uniforms, Calendars, Posters Tee-Shirts & More!!!

FOR MORE INFORMATION CALL 847-498-6646 OR REGISTER AT

**WWW.JOYOFTHEGAME.COM**

# REGISTRATION FORM

JOY OF THE GAME JR NBA/WNBA - \$495

Child's Name ( Last ) ( First)

Address City State Zip

Home Phone Work Phone/Emergency

Parents name email address

Age/Grade Gender M/F Birthday School

How Did You Hear About Joy of the Game - Please List Any Referral

**Remit payment to: Joy of the Game  
158 S. Waukegan Rd. Deerfield, IL 60015  
or fax to 847-498-0391**

PLEASE ATTACH A SHEET OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF  
I hereby authorize the staff of Joy of the Game, Inc. to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injury or illness incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above Camper's participation in the Camp program, as outlined in the brochure. I further understand the Camp retains the right to use for publicity and advertising purposes any camp photographs. "As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such programs."

"I agree to waive and relinquish all claims I or the above participant may have as a result of participating in the program against Joy of the Game, Inc. and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participants may have or which may accrue to me (us) on account of participating in the program." Payment in full must be made prior to or on the first day of any and all Joy of the Game programs. All programs have a non-refundable \$100 deposit. No refunds will be given once the program begins.

I have read and fully understand and accept the program details, policies and procedures and waiver and release all claims."

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please select payment form: **Payment in full is required on first day of a session**

\_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Check \_\_\_ Cash \_\_\_\_\_ Total

Credit Card # Exp date