



JG – DANA LEONARD WINTER DEVELOPMENTAL CLINIC

With Game On Sports Camps 4 Girls!!
And The Chicago Sky!!

CLINIC: Dana Leonard will be running a clinic for girls to improve their skills in ball handling, passing, and shooting. The class will focus on individual improvement that will help make each player more comfortable with the ball in her hands. Dana Leonard's enthusiasm and energy make these clinics informative and fun for beginners through advanced players.

Ages: Kindergarten – 8th Grade
Dates: Sundays - Jan. 31, Feb. 7, 14, 21, 28 & March 7, 2010
Times: 1:00-2:00pm
Cost: \$150.00
Includes: Giveaways and voucher for Chicago Sky Games in the Summer of 2010

You can sign up online at www.joyofthegame.com or to get more information please call Joy of the Game at 847-498-6646, Dana Leonard at 312-316-9292, or Game On! Sports Camp 4 Girls at 847-229-9959.

REGISTRATION FORM

JG-DANA LEONARD CLINIC: \$150.00

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