



JG WEEKLY BASKETBALL CLASS

- When: Wednesdays or Thursdays
- Ages: Boys 6-9 years old (Separate by age)
- Time: 4:00-5:00 PM
- Cost: \$210 For 8 Sessions
- Format: 20 Minutes Instruction
10 Minutes Weekly Contests
20 Minutes Game Play

What: This class is designed for beginners to advanced players ages 6-9 years old. The goal of this class is to teach the fundamentals of the game of basketball while also stressing teamwork, sportsmanship, enthusiasm and the benefits of having a positive attitude. The class will break down kids to their appropriate age group and work on ball handling, passing, shooting, layups, defense and overall basketball strategy. The class has generally averaged between 20-25 kids per session.

- Session 5: Begins Wed. January 27th, – March 17th, 2010
Session 6: Begins Thurs. January 28th– March 18th, 2010
Session 7: Begins Wed. April 7th – May 26th, 2010
Session 8: Begins Thurs. April 8th – May 27th, 2010

- Cost for doing any two Sessions (5-8) will be \$400

FOR MORE INFORMATION CALL 847-498-6646 OR REGISTER AT
WWW.JOYOFTHEGAME.COM

REGISTRATION FORM

JOY OF THE GAME WEEKLY CLASS

(Please Circle 1 or 2 of the sessions)

Session 5 Session 6 Session 7 Session 8

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 _____