

5th ANNUAL ACADEMIC ALL-AMERICAN HIGH SCHOOL BOYS SHOWCASE

July 12th & 13th, 2010

A UNIQUE SUMMER EVENT FOR HIGH ACHIEVING
ACADEMIC STUDENTS!!!

AT THE NEW STATE-OF-THE-ART JG CENTER
158 S. Waukegan Rd. – Deerfield, IL 60015
PH: 847-498-6646 Fax: 847-498-0391



Features:

- **NCAA Certified Event**
- **Book of Academic & Basketball Information for College Coaches**
- **Height, Weight, Reach and Vertical Measurements**
- **Everyone Will Play a Minimum of 5 Games**
- **For High School Players in the Class of 2011, 2010 & 2013**

Why Choose This Camp:

This camp will attract college coaches from across the country with high academic standards that include Ivy League, Patriot League and other academic schools at the Division 1 level, as well as top-academic and other schools at the Division III level. Players will play 3 games Friday, a minimum of 2 playoff games on Saturday and will have qualified coaches for direction. Last year there were 100 colleges represented and over 65 players with an average ACT test score of 27 from 17 states.

For more information: www.joyofthegame.com

REGISTRATION FORM

ACADEMIC ALL-AMERICAN CAMP FEE - \$250

Personal Information:

| | | | | |
|---------------|-----------------------|---------------|----------------|------|
| Name (First) | | (Last) | Grade | |
| *Address | | *City | *State | *Zip |
| *Home Phone | *Work Phone/Emergency | | e-mail address | |
| Mother's name | | Father's Name | Birthday | |

Team Information:

| | |
|------------------|------------------|
| High School | Coach |
| Coach Work Phone | Coach Home Phone |
| AAU Team | Coach |
| Coach Work Phone | Coach Home Phone |

Academic Information:

| | | |
|-----|------------|---------------|
| GPA | Class Rank | ACT/SAT Score |
|-----|------------|---------------|

Please List Academic Accomplishments:

* **Please Enclose Athletic Information (includes: height, weight, basketball statistics & accomplishments)**

PAYMENT FORM

**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 photographs of campers taken at Camp.

"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:

Visa Mastercard Discover Check Cash

Total Amount Paid _____

Credit Card #

Exp date