



AFTER SCHOOL SKILLS ACADEMY AND INSTRUCTIONAL PICK-UP

For Boys and Girls in Grades 6th-12th ♦ (March 1ST – May 27TH)

Time: 4:00pm – 5:30pm

When: Monday, Tuesday, Wednesday, and Thursday

Cost: \$25 per day (\$20 for 2010 Rising Stars Spring/Summer Travel Team)

\$80 per week (\$70 for 2010 Rising Stars Spring/Summer Travel Team)

\$500 for Unlimited Sessions (\$450 for 2010 Rising Stars Spring/Summer
Travel Teams)

Get ready for your upcoming season by getting the very best in skill development. Led by the passionate and experienced Joy of The Game coaching staff, this program provides the ultimate combination of comprehensive and detailed skill development, as well as instructional strategy during competitive game situations.

Players will be divided and grouped by age, with approximately 45 minutes per day allotted for offensive skill development, and the remainder of the time for competitive, instructional pick-up games. We have had an incredibly high demand for this type of program, and due to the challenging economy, we are proud to offer so much in terms of skill development for so little in terms of cost.

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

WWW.JOYOFTHEGAME.COM

REGISTRATION FORM

Please Circle: Monday Tuesday Wednesday Thursday Unlimited
Cost: \$25 per day (\$20 for 2010 Rising Stars Spring/Summer Travel Team)

\$80 per week (\$70 for 2010 Rising Stars Spring/Summer Travel Team)

\$500 for Unlimited Sessions (\$450 for 2010 Rising Stars Spring Summer Travel Team)

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 _____