



# REGISTRATION FORM



## ACADEMIC ALL-AMERICAN CAMP FEE - \$275

### Personal Information:

_____	_____	_____	_____
Name (First)	( Last)	Grade	Graduation Year
_____		_____	_____
*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 _____
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### Please List Academic Accomplishments:

\_\_\_\_\_

\_\_\_\_\_

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



# 2012





# 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 OF WHICH WE SHOULD BE AWARE.**

"I hereby authorize the staff of Joy of the Game, LLC ("Joy of the Game") to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Joy of the Game from any and all liability for any injury or illness incurred as a participant in a Joy of the Game program ("Program"). I have no knowledge of any physical impairment that would affect my ability to participate in a Program, as outlined in the brochure. I further understand Joy of the Game retains the right to use for publicity and advertising purposes photographs of participants in any Program."

"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 a Program against Joy of the Game 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 a 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 form of payment:**

Visa     MC     Discover     Amex     Check     Cash    Total Amount: \_\_\_\_\_

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp Date



# 2012

