



KINDER CLUB JAN. 9 - MAY 25 2012

Soccer	T-Ball
Flag Football	Floor Hockey
Basketball	Relay Races
Dodgeball	Scooter Races
Capture the Flag	Kickball

Joy of the Game is proud to offer a before and after Kindergarten enrichment program, for sessions that run monthly from January 2012 through May 2012. Our Kinder-Club is designed to spark children's interest in sports and other physical activities to help them build confidence, self-esteem, and learn about teamwork. Our sports activities will encourage development of language, gross motor, fine motor, working as a team, and social and emotional skills. Our program will change as the year progresses to help children learn new skills in a number of sports and activities. Children will bring their own lunches (refrigeration available) and eat in our clean party rooms. Our staff is highly experienced in sports and working with young children. We believe in teaching children about living a healthy and active lifestyle.

WHERE: JOY OF THE GAME (JG) 158 S. Waukegan Road, Deerfield, IL 60015

WHEN: *Choose your Day
 MONDAY WEDNESDAY FRIDAY

*Choose your Session Length and Time (1/2 class options will be 50% of full class cost):

Full Class Options AM 9am-12pm PM 12-3pm
 1/2 Class Options AM Early 9 - 10:30am AM Late 10:30 am - 12 pm
 PM Early 12 - 1:30pm PM Late 1:30 pm - 3 pm

DATES: Jan. 9th – May. 25, 2012 – 18 sessions (No classes March 26th thru April 6th)

SIZE: Minimum of Five Kids Per Class – One Coach per Six Kids

COST:	<u>FULL CLASS OPTIONS:</u>	<u>HALF CLASS OPTIONS:</u>
	*9 am – 12 pm; 12 pm – 3 pm	*9 am – 10:30 am; 10:30 am – 12 pm ; 12 – 1:30 pm; 1:30 – 3 pm
	One Day Per Week: \$240 per six week session (discount to \$650 if all 18 sessions paid in advance)	One Day Per Week: \$120 per six week session (discount to \$325 if all 18 sessions paid in advance)
	Two Days Per Week: \$432 per six week session (discount to \$1166 if all 18 sessions paid in advance)	Two Days Per Week: \$216 per 6 week session (discount to \$583 if all 18 sessions paid in advance)
	Three Days Per Week: \$650 per six week session (discount to \$1750 if all 18 sessions paid in advance)	Three Days Per Week: \$324 per six week session (discount to \$874 if all 18 sessions paid in advance)

To register online, please visit www.JOYOFTHEGAME.com
 or call (847) 498-6646 for more information.



JOY OF THE GAME



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Full Class Options AM 9am-12pm PM 12-3pm

1/2 Class Options AM Early 9 - 10:30am AM Late 10:30 am - 12 pm

PM Early 12 - 1:30pm PM Late 1:30 pm - 3 pm

CHILD'S NAME: _____ (LAST) _____ (FIRST)

ADDRESS: _____

CITY

STATE

ZIP

HOME PHONE: _____

WORK PHONE/EMERGENCY _____

PARENT OR GUARDIAN: _____

EMAIL ADDRESS _____

AGE/GRADE

GENDER M/F

BIRTHDAY

SCHOOL

HOW DID YOU HEAR ABOUT JOY OF THE GAME? PLEASE LIST ANY REFERRAL:

Register online at joyofthegame.com or Remit payment to: **Joy of the Game, LLC**

158 S. Waukegan Rd. Deerfield, IL 60015

or fax to 847-498-0391 or fill out and scan to info@joyofthegame.com

PAYMENT IN FULL IS REQUIRED ON FIRST DAY OF A SESSION

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. 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 waive and release all claims.

PARENT OR GUARDIAN: _____

PLEASE SELECT FORM OF PAYMENT:

VISA MASTERCARD DISCOVER AMEX CASH CHECK AMOUNT: _____

CC#: _____ EXP: _____ Security Code: _____

Name As It Appears On Card: _____