



JOY OF THE GAME



RISING STARS



FLEX



TRAVEL TEAMS

2nd - 8th Grade

Joy Of The Game understands that numerous players have conflicts with other team sports and activities and wishes to accommodate all individuals that look to develop as basketball players.

Rising Stars **FLEX** Travel Teams will practice once per week from March-June, and play in three (3) tournaments (April-June). All **FLEX** Travel Team members will receive registration and membership in the Rising Stars Basketball Club along with top-level coaching and a new Rising Stars Uniform. **FLEX** Travel Team members will also one (1) weeknight training session per week from April-May (8 weeks).

Breakdown of Fees for FLEX TRAVEL TEAMS:

Cost: \$555 (Includes:) ***Tryout Fee:*** \$30 (When placed on a team, this will go toward total cost)

*One (1) practice per week Mar. '12 - June '12 & One (1) Night of skill training (8th Grade & Under) (Skill Training begins in April and times will vary throughout the week)

*Minimum of three (3) total tournaments; * **Additional Fees will be required for extra tournaments.**

FLEX Uniform Package: \$175



2012 SPRING TRYOUT DATES

BOYS 2nd, 3rd, 4th & 5th GRADE

TRYOUT 1: SUN. FEBRUARY 26, 6:00 - 7:30 PM

TRYOUT 2: WED. FEBRUARY 29, 6:00 - 7:30 PM

BOYS 6th, 7th & 8th GRADE

TRYOUT 1: SUN. FEBRUARY 26, 7:30 - 9:00 PM

TRYOUT 2: WED. FEBRUARY 29, 7:30 - 9:00 PM

JG SPORTS CENTER ★ 158 S. WAUKEGAN RD. ★ DEERFIELD, IL 60015

Season: March 1, 2012 - June 3, 2012 (2nd - 11th Grade)

A brief meeting for players & parents will be held after the first day of tryouts.

An information packet will be available which lists the practice and skill night schedules along with tentative tournament schedules. For more information, including coach bios, please visit our website, www.JOYOFTHEGAME.com or call the JG Office at (847) 498-6646.



JOY OF THE GAME



RISING STARS SPRING TRYOUT FEE: \$30.00

PLEASE CIRCLE:

RISING STARS

RISING STARS FLEX

CHILD'S NAME (FIRST) (LAST)

ADDRESS

CITY STATE ZIP

AGE/GRADE GENDER M/F BIRTHDAY SCHOOL

MOTHER'S NAME MOTHER'S PHONE MOTHER'S EMAIL

FATHER'S NAME FATHER'S PHONE FATHER'S EMAIL

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: _____ Date: _____

PLEASE SELECT FORM OF PAYMENT:

VISA MASTERCARD DISCOVER AMEX CASH CHECK AMOUNT: _____

CC#: _____ EXP: _____ Security Code: _____

Name As It Appears On Card: _____

Billing Address: _____

City

State

Zip