



JOY OF THE GAME



JG WINTER ADULT LEAGUE

The Best Adult League in Chicago Is Back! Games will be 40 minutes long and played on our premium NBA size wood courts with games refereed by certified high school or college level officials.

Winners will receive a gift from JG... Fall winners took home blue JG hooded sweatshirts!!

Winter League:

Dates: January 10 – April 3 (Guaranteed 11 Games)

Games: Tuesdays (Thursdays only if necessary)

Times: 7:00-11:00 PM

Fee: \$925 if register by December 31, 2011
\$1000 if register after December 31, 2011
\$125 Individual Fee (Call Jason Okrzesik to be placed on team)

For more information, please contact Jason Okrzesik at 847-498-6646 or via email at coachokrzesik@joyofthegame.com.



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WINTER ADULT LEAGUE REGISTRATION

Team Name _____ Captain _____

Address _____ City _____ Zip _____

Phone #'s:

Home _____ Work _____ Cell _____

E-Mail _____

Assistant Captain _____

Phone #'s:

Home _____ Work _____ Cell _____

E-Mail _____

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.

SIGNATURE: _____

PLEASE SELECT FORM OF PAYMENT:

VISA MASTERCARD DISCOVER AMEX CASH CHECK AMOUNT: _____

CC#: _____ EXP: _____ Security Code: _____

Name As It Appears On Card: _____