



PRESENTED BY



**Presented by Dana Leonard & Game On! Sports Camp 4 Girls**  
**Grades 1st - 8th Grades**

**Preseason Dates**

Nov. 1, 8, 15, 22 (Includes Ball & Tee-Shirt)

**Preseason Times**

1st-4th Grade 11:30-12:45

5th-8th Grade 12:45-2:00

**Game Dates**

Dec. 6, Dec. 13

Jan. 10, 17, 24, 31

Feb. 15, (Monday), 21, 28, March 7 & 14

**Game Times**

1st-4th Grade 11:30-1:00 PM

5th-8th Grade 12:30-2:00 PM

**Cost: \$495**

**Includes WNBA Uniforms, Calendars, Posters Tee-Shirts & More!!!**

**FOR MORE INFORMATION CALL 847-498-6646**

**OR**

**REGISTER AT [WWW.JOYOFTHEGAME.COM](http://WWW.JOYOFTHEGAME.COM)**

JOY OF THE GAME JR WNBA - \$495

---

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