# **SHOOTING AND FREE THROWS CLINIC**



BOYS + GIRLS 4TH - 12TH GRADE

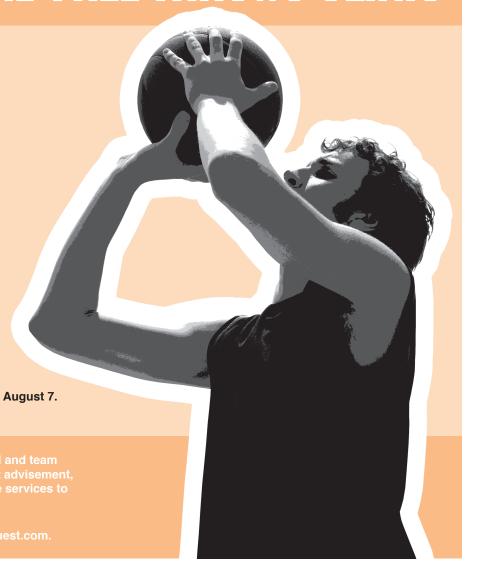
MONDAYS + WEDNESDAYS AUGUST 7 - 30, 2006 6:30 - 8 P.M.

AT JOY OF THE GAME, DEERFIELD, IL

Registration will be available at 6 p.m. on August 7.

HoopsQuest is your source for individual and team skill development, S.A.Q. training, recruit advisement, game film analysis and more! We provide services to help you achieve your basketball goals.

For more Information, visit www.hoopsquest.com.



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#### PARTICIPANT INFORMATION

Name:					
	Grade:			М	F
School:					
Address:					
City:		State:	Zip:		
Email:					
PARENT/GUAF	RDIAN CONTACT II	NFORMA	TION		
Parent/Guardia	an Name(s):				
Home Phone:					
Work Phone: _					
Email:					
Where did you	find out about this	event: _			
I am intereste	ed in receiving the Ho	opsQuest	t e-newsletter.		
<b>EMERGENCY</b> (	CONTACT INFORM	ATION			
Emergency Co	ontact:				
Phone:					

Make checks payable to: Mail form and payment to:

COST: \$160 for the 4 week series

HoopsQuest HoopsQuest

Joy of the Game 158 S. Waukegan Rd. Deerfield, IL 60015

### **HEALTH INSURANCE**

All participants must have their own medical insurance through their family policy or some other source which will serve as primary coverage.

#### **PARENTS RELEASE**

I, as parent/guardian of the below named child, do hereby give approval to my child's participation in the basketball clinic. I assume all risks and hazards incidental to such participation including transportation to and from the clinic, and do hereby hold harmless HoopsQuest, Inc., Joy of the Game, its member agents, and employees from any claim or alleged liability in connection with my child's participation in the program including acts of third parties.

I understand that participation in the sport of basketball can be dangerous and result in serious injury and that if any emergency should arise, I give you full permission and authority to take steps that are reasonably necessary in your judgment to protect and assist my child, including medical care. I agree to be responsible for hospital expenses, doctor bills, and any other expenses that may be incurred to assist and protect my child.