

COLLEGE GAME DAY BASKETBALL CLINIC

GIRLS, 4TH – 8TH GRADE



JANUARY 28, 2006

LAKE FOREST COLLEGE FORESTERS vs. RIPON COLLEGE RED HAWKS

BASKETBALL CLINIC

Time: 11:30 a.m. – 12:30 p.m.
(Registration will begin at 11 a.m.)

Location: Sports Center
(Lake Forest College, Lake Forest, Illinois)

Cost: \$20

BASKETBALL GAME

Women's Game: 2 p.m. (Free Admission)

Men's Game: 4 p.m. (Free Admission)

J.J. Jumper, the NCAA mascot, will be at the game, too!

WHAT IS COLLEGE GAME DAY BASKETBALL CLINIC?

HoopsQuest and the Chicago Sky are teaming up to offer ball handling and shooting clinics before local college games. Come work on your skills, then enjoy **FREE ADMISSION** to the featured game of the day! Participants will also receive **FREE WNBA CHICAGO SKY SOUVENIRS!**

For more about HoopsQuest clinics and events in your area, visit www.hoopsquest.com.

WHO IS KATHLEEN WEBER?

Kathleen Weber, HoopsQuest CEO and Personal Trainer, is the lead instructor and coordinator of College Game Day Basketball Clinics. She is currently an **Assistant Coach for the new WNBA expansion team, the Chicago Sky**, and is a basketball instructor at the Bulls/Sox Training Academy in Lisle, Illinois. Kathleen has a wealth of experience coaching Division I women's basketball at DePaul University, the University of Notre Dame and the University of North Carolina at Asheville.

WHAT IS HOOPSQUEST?

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. Visit www.hoopsquest.com for more information.



Get season tickets.
Visit the Chicago Sky Store.

www.chicagosky.net

Perfect gifts for
your special ball player.

✂ For more information, contact Kathleen Weber, 307.399.5426 or kathleenweber@hoopsquest.com.

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PARTICIPANT INFORMATION

Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

Home Phone: _____

Work Phone: _____

Email: _____

☐ I would like information about Chicago Sky tickets.

☐ I am interested in receiving the Chicago Sky e-newsletter.

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: _____

**COLLEGE GAME DAY
BASKETBALL CLINIC**
GIRLS, 4TH – 8TH GRADE

Make checks payable to: **Kathleen Weber**

Mail form and payment to: **Kathleen Weber**
1061 S. Hampton Hbr
Schaumburg, IL 60193

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., Lake Forest College, 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.

Health Concerns: Asthma Diabetes Other: _____
(Circle, If Applicable)

Child's Name: _____

Parent/Guardian Signature: _____

Insurance Co.: _____

Policy #: _____