

# 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](http://www.hoopsquest.com).



# SHOOTING AND FREE THROWS CLINIC



BOYS + GIRLS, 4<sup>TH</sup> – 12<sup>TH</sup> GRADE

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

AT JOY OF THE GAME, DEERFIELD, IL

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Where did you find out about this event: \_\_\_\_\_

☐ I am interested in receiving the HoopsQuest e-newsletter.

## EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Make checks payable to:

**HoopsQuest**

Mail form and payment to:

**HoopsQuest**

**Joy of the Game**

**158 S. Waukegan Rd.**

**Deerfield, IL 60015**

**COST: \$160**

for the 4 week series

## 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.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_