



JOY OF THE GAME



THE LOCKER ROOM



Joy Of The Game is proud to introduce Parents' Night Out a supervised rec night for boys and girls ages 4 - 13.

The Locker Room will help provide a continued service to the families in our community. The Locker Room will provide an opportunity for children to hangout and spend time with others of similar age in the community.

On select Fridays throughout the winter, leave the kids with our awesome, caring staff while you go out on the town! We entertain and feed the kids while you get to go out for some much needed kid-free fun. It is \$30 for the first child and \$25 for each additional sibling. Give us a call today and get your evening planned!

Parents' Night Out will have a 1 to 8 ratio of coaches to children. Children will have the opportunity to play numerous games and contests throughout the night as well as relax and watch sports and movies on our large screen projector. Dinner will be served at the beginning of the night in the JG party room.

Event Information:

Supervised Rec Night

Ages: Boys & Girls 4 - 13 years old

Time: 6:30pm - 10:30pm

Dates: November:
Friday 7th, Friday 14th, Friday 21st

December:
Friday 5th, Friday 12th, Friday 19th

January:
Friday 16th, Friday 23rd, Friday 30th

February:
Friday 13th, Friday 20th, Friday 27th

Games: Music, card games, movies, board games, Basketball, Flag Football, Dodgeball, Floor Hockey, Capture The Flag, and more

Food: Sarpino's Pizza, popcorn, Soft Drinks, Water, Gatorade

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

Cost: \$30.00 *Includes Dinner and Snacks

For More Information Contact:

Tracey Littlejohn

Cell: 224-805-1449

Office: 847-498-6646

Email: info@joyofthegame.com



THE LOCKER ROOM



Age/Grade: _____

CHILD'S NAME: _____ (LAST) _____ (FIRST)

ADDRESS: _____

_____ CITY _____ STATE _____ ZIP

HOME PHONE: _____ MOBILE PHONE: _____

PARENT OR GUARDIAN: _____ EMAIL ADDRESS: _____

_____ AGE/GRADE _____ GENDER M/F _____ BIRTHDAY _____ SCHOOL _____

HOW DID YOU HEAR ABOUT JOY OF THE GAME? PLEASE LIST ANY REFERRAL:

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.

PARENT OR GUARDIAN: _____

PLEASE SELECT FORM OF PAYMENT (CHECKS MADE PAYABLE TO JOY OF THE GAME):

VISA MASTERCARD DISCOVER AMEX CASH CHECK AMOUNT: _____

CC#: _____ EXP: _____ Security Code: _____

Signature: _____ Date: _____

Name As It Appears On Card: _____

Billing Address: _____

City _____