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## HAWTHORNE SCHOLASTIC ACADEMY 3319 North Clifton Avenue

# ALL STAR SPORTS

**All Star Sports** - Grades K-1st - This class features a new sport or game each week. Some of the sports taught and played include basketball, floor hockey, soccer, dodgeball and more. The children have the opportunity to acquire new skills and develop confidence in games they have played in previous classes.

**Day: Wednesday 1/11-3/14 Grades: K-1st Time: 2:45-3:45 Session I Fee: \$150**

**Tourney Time Sports** - Grades 2nd-4th - This class is all about the game. Class will consist of a 20 minute practice to work on skills and strategy and then it's game time! We will form teams and compete in round robin tournaments. Each sport will run for 2 weeks. The sports featured this session are soccer (indoor), basketball and floor hockey. No Class: 1/16, 2/13, 2/20, 3/5

**Day: Monday 1/9-3/12 Grades: 2nd-4th Time: 2:45-3:45 Session I Fee: \$90**

For More Information Contact Coach Brian Ploof @ 773-685-1682 or CoachBrian@WeGotGameChicago.com

# SIGN UP

To register, complete and mail the registration form below, along with a check, to:

**We Got Game: 6160 N. Cicero, Suite 307, 60646**

*Note: We must receive completed registration form and payment in order for your child to participate.*

**REGISTER  
ONLINE!**

@  
WeGotGameChicago.com



### WE GOT GAME • REGISTRATION FORM HAWTHORNE SCHOLASTIC ACADEMY • WINTER 2012

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ ROOM#: \_\_\_\_\_

MEDICAL INSURANCE CO.: \_\_\_\_\_ GROUP POLICY #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (in case of emergency): \_\_\_\_\_ EMAIL: \_\_\_\_\_  Tourney Time  All Star

**DISMISSAL PROCEDURE-** MY CHILD WILL BE PICKED UP BY (check one):  Parent/Guardian  RAP

**WE GOT GAME** reserves the right to cancel a class due to insufficient enrollment. Make all checks payable to **WE GOT GAME**

#### CONSENT AND WAIVER

I hereby release WE GOT GAME, LLC, their employees and agents from all liability from any injury or illness that may result from my child's participation in the program. I certify that my child is in good physical health and can participate in all activities. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the employees of We Got Game, LLC to act on my behalf.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_