

SESSION DATES & LOCATIONS

SESSION 1: Clinics & League Play (11 Sessions)

Sept. 20th, 27th & Oct. 4th: Individ. Skills Clinics
 Oct. 18th: Scrimmages & Player Evaluations
 October 25th–December 13th*: League Play

SESSION 2: League Play (10 Sessions)

January 10th–Feb. 28th*: League Play Continues
 February 14th—Hi-Five All-Star Day at Attack Athletics
 March 7th, 14th & 21st: Playoffs
 March 21st: Championships & Awards Ceremonies

NOTE: As space is limited, we encourage participants to initially enroll in **BOTH** SESSIONS 1 & 2 in order to guarantee a spot in Session 2.

LITTLE BALLERS: Boys & Girls 3–5 years old

Session 1: September 27th–December 13th*
 Session 2: January 10th–March 21st*

*No Sessions: Oct. 11th, Nov. 29th & Feb. 7th

LOCATION

ATTACK ATHLETICS
 2641 W. Harrison St., Chicago (secured parking lot)

REGISTRATION INFORMATION

AGE DIVISIONS:

Buddy Ball	K & 1st Grade
Rookie	2nd & 3rd Grade
Varsity	4th & 5th Grade
Pro	6th, 7th & 8th Grade

JR. NBA/WNBA Program Includes:
 T-Shirt • Ball
 Uniform • Trophy

FEE: (Includes Jr. NBA uniform, Jr. NBA ball, T-shirt & Trophy)

SESSION 1: \$360 SESSION 2: \$360
 BOTH SESSIONS (1 & 2): \$650

CLINIC & GAME TIMES—Sundays

	CLINICS Sept. 20th, 27th, Oct. 4th & 18th	GAMES Sessions 1 & 2
Pro Div.	9:00–10:15 AM	9:00–10:15 AM
Buddy Ball Div.	10:45–11:45 AM	10:45–11:45 AM
Rookie Div.	12:00–1:15 PM	12:00–1:15 PM
Varsity Div.	1:45–3:00 PM	1:45–3:00 PM

LITTLE BALLERS FEE: (Includes Jersey, Ball & Trophy)

SESSION 1: \$225 SESSION 2: \$225
 BOTH SESSIONS (1 & 2): \$425

Program Includes:
 Jersey • Ball
 Trophy

LITTLE BALLERS TIMES—Sundays

10:45–11:45 AM



FOR MORE INFORMATION, PLEASE CALL 312-226-6555 FAX 312-226-3555 • www.hifivesports.com

REGISTER NOW! LIMITED SPACE AVAILABLE!



JR. NBA / JR. WNBA APPLICATION FOR FALL 2009-2010 LEAGUES

ATHLETE 1: SESSIONS 1 & 2 (Recommended) SESSION 1 SESSION 2 **LITTLE BALLERS:** SESSIONS 1 & 2 SESSION 1 SESSION 2

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parents' Names: _____ E-mail: _____

Teammate Request (honored when possible—**one** teammate request only): _____

Age: ____ Ht: ____ **Jersey Size:** Youth: XS S M L Adult: S M L XL **Shorts Size:** Youth: XS S M L Adult: S M L XL

Date of Birth: _____ School: _____ Grade (in Fall 2009) _____

ATHLETE 2: SESSIONS 1 & 2 (Recommended) SESSION 1 SESSION 2 **LITTLE BALLERS:** SESSIONS 1 & 2 SESSION 1 SESSION 2

Last Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Teammate Request (honored when possible—**one** teammate request only): _____

Age: ____ Ht: ____ **Jersey Size:** Youth: XS S M L Adult: S M L XL **Shorts Size:** Youth: XS S M L Adult: S M L XL

Date of Birth: _____ School: _____ Grade (in Fall 2009) _____

METHOD OF PAYMENT: Personal Check* Mastercard Visa Discover (American Express not accepted)

Cardholder _____ Amount: _____

Account Number: --- Expiration Date: - Security Code: _____

Signature: _____

Child Waiver: I hereby give permission for my child (children) to attend the Hi-Five Jr. NBA program and release Hi-Five Sports Club of all responsibility other than reasonable care. I hereby release, indemnify, and hold harmless Chi-Town Small Fry, N.F.P., Chi-Town Sports, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for the activity, with respect to any and all injuries or losses or damage to any person or personal property to the fullest extent permitted by law.

PARENT(S) SIGNATURE: _____

* Instructions: If sending check, please enclose in envelope with application. Please make checks payable to **CHI-TOWN SMALL FRY, N.F.P.**

MAIL TO: CHI-TOWN SMALL FRY, N.F.P., 600 WAUKEGAN RD., SUITE 105, NORTHBROOK, IL 60062