

THE OFFICIAL
CHICAGO

WHITE SOX
FUNDAMENTALS
CLINIC

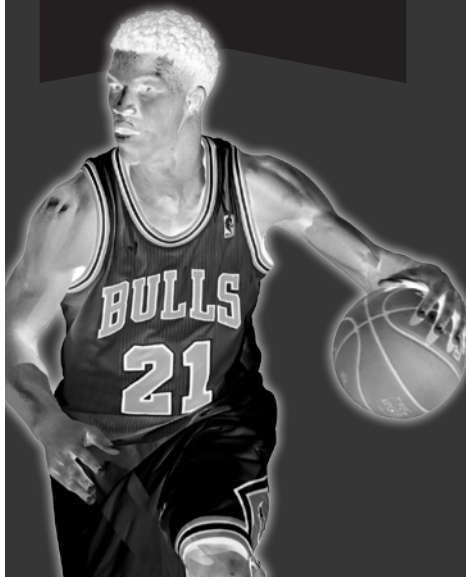


BULLS/SOX ACADEMY



THE OFFICIAL
CHICAGO

BULLS
FUNDAMENTALS
CAMP



CLARAS HOUSE WOMENS SHELTER

DANIEL S. WENTWORTH ELEMENTARY SCHOOL

LOCATION: 1340 West 71st Street | Chicago , IL

The White Sox FUNdamentals Baseball Clinics are open to athletes age five to fourteen years old and will teach the latest techniques in hitting, fielding and throwing. We believe every young player should start with these skills to learn the game and be fundamentally strong. These clinics will provide each aspiring athlete with professional baseball training in a fun and safe environment.

Participants will receive top flight instruction from a professional coach, a camp t-shirt, a replica autograph photo of a current Chicago White Sox player. Each athlete's name will be entered into a raffle to win one of three autographed and/or ticket prizes (TBD). Cost is only \$60.00 per child with \$10.00 going back to the Claras House Womens Shelter for every registered athlete.

BASEBALL

Dates: 9/6-9/13 Day: Saturday

Ages: 5-14 Time: 11:00a-12:30p Cost:\$60

Code: 14700CHW1

SIGN UP NOW! Click code to register NOW!

REGISTER FOR ALL CAMPS
@ BULLSSOXACADEMY.COM

DREAM IT. TRAIN IT.
BE IT.

DANIEL S. WENTWORTH ELEMENTARY SCHOOL

LOCATION: 1340 West 71st Street | Chicago , IL

The Bulls FUNdamentals Camp, for boys and girls, will teach the latest techniques in ball handling, shooting, passing, footwork, rebounding, as well as offensive and defensive team play. We believe every young player should start with these skills to learn the game and be fundamentally strong. The Bulls FUNdamentals Camp will provide each aspiring athlete with professional basketball training in a fun and safe environment. In addition to teaching basketball, our coaches discuss life lesson topics such as discipline, respect, sportsmanship and peer pressure.

Participants will receive top flight instruction from professional Bulls/Sox Academy instructors, a camp t-shirt, a replica autograph photo of Bulls superstar Derrick Rose. Cost is only \$95.00 per child with \$10.00 going back to the Claras House Womens Shelter for every registered athlete.

TO BECOME A GREAT PLAYER, YOU NEED THE FUNDAMENTALS!

BASKETBALL

Dates: 9/6-9/27 Day: Saturday

Ages: 5-14 Time: 1:00-2:30p Cost:\$95

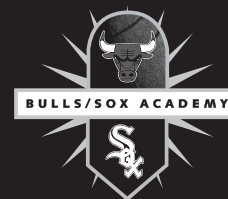
Code: 34220CHW1

SIGN UP NOW! Click code to register NOW!

BULLS/SOX ACADEMY

6200 River Bend Drive Lisle, IL 60532

Fax: (630) 324-8265 Phone: (630) 324 - 8221



Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: (_____) _____ Work Number: (_____) _____

Email Address (Required for Camp Confirmations): _____

Emer.Contact: _____ Emer.Contact Phone: (_____) _____

Participant's First Name (include last name if different)	Program Code	Sex	Age	Date of Birth MM DD YY	T-Shirt Size*	Fee

*Note: Not all programs include t-shirts

Promo Code	Total Amount
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Payment Method (circle one): Check Visa Mastercard Discover Amex

Credit Card #/Check Number: _____ Expiration Date: _____

Verification Code: _____ Card Holder Signature: _____ Total Amount: _____
(3-digit code on back of card)

HOW DID YOU HEAR ABOUT US? _____

REFUND/CANCELLATION POLICY:

Enclosed is the enrollment fee paid in full, for the above named student. I understand that my entire fee, less a 20% non-refundable processing fee will be refunded if such student cancels at least two weeks prior to the first day of camp. At any time after that date, I will receive a credit minus the 20% registration fee for future instruction. I further understand there will be no refund or credit for days unattended by student. The Chicago Bulls/White Sox Training Academy reserves the right to cancel any camp or decline any application. Permission is given to use my child's photo or endorsement for promotion.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE:

As parent or legal guardian for the "Participant" I hereby give my consent to Participant's participation in the program to be held by the Bulls/Sox Academy. I acknowledge that participation in the program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Park District, Major League Baseball, Roclab Athletic Instruction, LLC, Chicago White Sox Ltd., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities, or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without imitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasees.

Print Guardian Name: _____

Signature: _____ Date: _____