

# Brewster Sports Center Developmental Basketball Boys - Fall 2010

**8 & 9 Year olds**

**Schedule – 8 Weeks**

**Ages 8-9**

**Time: 6:30 – 7:30pm** Wednesdays – September 15, 22, 29  
October 6, 13, 20, 27  
November 3

**\$230**

Class Includes BSC Jersey

Class size – 18 players

- 30 Minutes Instruction on Offense (dribbling, shooting, passing) and Defense (stance, closeouts, slide, help defense)
- 30 minute game



For More Information Please Contact us at: (845)278-2040

Or Visit our Website at: [www.brewstersportscenter.com](http://www.brewstersportscenter.com)

Brewster Sports Center  
19 Sutton Place  
Brewster, NY 10509

***Brewster Sports Center***  
***Developmental Basketball – Boys 8-9***  
***Fall 2010***

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

Player's Age: \_\_\_\_\_

Parent(s)'s Name: \_\_\_\_\_

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

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

Day Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Fax: \_\_\_\_\_

**Fee is \$230.00** Please send your completed form with check payable to  
***Brewster Sports Management.***

Send To: Brewster Sports Center  
19 Sutton Place  
Brewster, NY 10509

ALL PAYMENTS ARE NONREFUNDABLE. \$25 bounced check fees. All players are responsible for their own insurance.  
**Disclaimer:** I hereby authorize the staff of the "Brewster Sports Center" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "Brewster Sports Center" from any and all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league or tournament as outlined in the information. I also understand that "Brewster Sports Center" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the tournament/league fees and refund policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Health Plan (Name): \_\_\_\_\_ Identification #: \_\_\_\_\_