

DONNIE MCGRATH

BOYS AND GIRLS SUMMER

BASKETBALL CAMP

AT THE BREWSTER SPORTS CENTER

AGE:

8 -14 years old

WHEN:

August 2 - 6, 2010

TIME:

9:00 A.M. - 4:00 P.M.

WHERE:

Brewster Sports Center
19 Sutton Place
Brewster, NY 10509

PRICE: \$300.00

For questions or more information,
please call (845) 278-2040

A TYPICAL DAY:

8:45 AM - Camper drop-off
9:00 AM - Roll/Warm-ups
9:15 AM - Teaching Stations
10:30 AM - Games
12:00 NOON - Lunch
1:00 PM - Games
3:00 PM - Games/Workouts
4:00 PM Pick-up



THINGS TO BRING

A sports bag containing basketball shoes, shorts, towels and at least two T-shirts per day.

LUNCH

Lunch is available to purchase at our Sports Cafe. All campers have a choice of a nutritious hot or cold meal. A variety of desserts, beverages and fruits are also available. Lunches will be refrigerated for campers who choose to bring their own.

CANCELLATION POLICY

Prior to May 1, payments will be refunded in full (minus a \$50 cancellation fee). Cancellations after May 1 are non-refundable.



DONNIE MCGRATH BASKETBALL CAMP REGISTRATION FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Sex: _____ Birthdate: _____ Age as of 6/1: _____
Email Address: _____
Home Phone: _____
Mother's Name: _____
Cell Phone (Mother): _____
Father's Name: _____
Cell Phone (Father): _____
T-Shirt Size: YL S M L XL (circle one)
Method of Payment: please print
_____ Check (enclosed)
_____ Visa _____ MasterCard
_____ AmEx _____ Discover
Credit Card No: _____
Expiration Date: _____
Signature: _____

Make checks payable to: Brewster Sports Management

Please mail checks and completed registration forms to:
**Brewster Sports Management 19 Sutton Place,
Brewster, NY 10509**

I represent that my child is in good physical condition and has no disability, impairment or physical ailment preventing use of Brewster Sports Center's facilities or participation in its programs. I appreciate the danger of physical stress, strain and injury and I hereby assume whatever risk is involved and give my consent for my child to participate in Brewster Sports Center's programs including use of its facilities. I hereby hold Brewster Sports Center, its shareholders, affiliates, employees and representatives harmless from any and all claims, injuries, damages and liabilities sustained or incurred in connection with my child's participation in any Brewster Sports Center activity or use of its facilities. Brewster Sports Center retains the rights to any photographs or video tapes of the camper taken at camp to be used for publicity or advertising.

Signature: _____

Brewster Sports Center

Medical Information & Consent Form

Athlete's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Birthdate: _____ Male: _____ Female: _____

Medical Information

Doctor's Name: _____ Doctor's Phone #: _____
Health Insurance Carrier: _____ Policy #: _____
Any medical restrictions/problems? _____
Any allergies or medications being taken? _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. Please accept one of the parties named below as having received my permission to authorize medical treatment for my child in my absence:

Authorized Contacts for Medical Treatment:

1. _____ Phone: _____
2. _____ Phone: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Brewster Sports Center, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports activities, and in consideration for Brewster Sports Center accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify Brewster Sports Center, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same, which transportation I hereby authorize.

Name: _____
Parent/Legal Guardian (PLEASE PRINT)
Signature: _____ Date: _____