

Brewster Sports Center

Don't Stop playing

Join

Girls Developmental

Spring 2012



- **30 Minutes Instruction on Offense (dribbling, shooting, passing) and Defense (stance, closeouts, slide, help defense)**
- **30 minute game**
- **\$230.00 per child**

Includes BSC T-shirt

Class size – 16 players

Fridays – 8 Weeks

March 30

April 6, 13, 20, 27

May 4, 11, 18

Ages 8 – 10 6:00 – 7:00pm

Ages 11 – 13 7:00 – 8:00pm



**For More Information
Please Contact Al Morales
At (845) 406-0130
or almorales@brewstersportscenter.com
Or Visit our Website at: www.brewstersportscenter.com**



**Brewster Sports Center
19 Sutton Place ~ Brewster, NY 10509**

Brewster Sports Center
Developmental Basketball – Girls
Spring 2012

Name: _____

Select One: Player's Age: _____

Age 8-9-10 Fridays 6:00-7:00

Age 11-12-13 Fridays 7:00-8:00

Parent(s)'s Name: _____

Address: _____

City, State, Zip: _____

Day Telephone: (_____) _____

Evening Telephone: (_____) _____

Mobile Phone: (_____) _____

Email: _____

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 #: _____