

Girls Fall 2011 Triple Threat Group Training

Time: 7:00 – 8:00PM

Cost: \$250.00 Per Player

Dates: Mondays
September 26
October 3, 10, 17, 24
November 7



Objective

- Improve footwork (quick feet), coordination and balance while drilling on different aspects of the game.

Practice Breakdown:

- 30 minutes of footwork drills with speed and agility ladder
- 30 minutes of defense, dribbling, shooting and attacking the basket moves



For more information
Call 845 278-2040

Brewster Sports Center
19 Sutton Place
Brewster, NY 10509

www.brewstersportscenter.com

Brewster Sports Center

Girls Triple Threat Group Training

High School Varsity Basketball Players ~ Cost \$250. Per Player ~
Location: Brewster Sports Center

Name: _____

Age: _____ Grade as of Fall 2011: _____

Address: _____

City / State / Zip: _____

Telephone: (____) _____ Mobile Phone: (____) _____

Email: _____

Emergency Contact: _____

Phone: _____

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 returned check fee. All players are responsible for their own insurance.

Method of Payment: _____ Check (enclosed)
_____ Visa _____ MasterCard _____ AmEx _____ Discover _____

Credit Card No: _____ Expiration Date: _____

Signature: _____ Date: _____

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

Signed: _____ Date: _____

Parent or Guardian Signature: _____

Health Plan (Name) : _____ Identification # : _____