

# Brewster Sports Center

BOYS & GIRLS AGES 7-13

***Stop Drop and Shop***

***Fun Camp***

**Black Friday**

**Date: Friday November 25th**

**Camp activities will include**

Basketball, Soccer, Kickball, Wiffelball, Dodgeball, Whoopie,

Tag Games, Capture the Flag, Football

and plenty more...

**Full Day \$60.**

**Half Day \$35.**

Fun day with prizes and awards

With BSC Coaching Staff

***FREE Gatorade***

For More information

Please Contact Al Morales at

(845) 406-0130 or [almorales@brewstersportscenter.com](mailto:almorales@brewstersportscenter.com)

**BREWSTER SPORTS CENTER**

**19 Sutton Place**

**Brewster, NY 10509**

**Brewster Sports Center**  
**Fun Camp**  
**2011 – 2012**

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

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

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

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

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

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

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

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

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

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 #: \_\_\_\_\_