

# Brewster Sports Center



## Girls Developmental Spring 2011

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

**Includes BSC Jersey**

Class size – 16 players

### Schedule – 8 Weeks

Ages 8-9-10

Every Friday -- 6:00 – 7:00pm

March 18<sup>th</sup>, 25<sup>th</sup>

April 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>

May 6<sup>th</sup>

Ages 11-12-13

Every Friday – 7:00 – 8:00pm

March 18<sup>th</sup>, 25<sup>th</sup>

April 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>

May 6<sup>th</sup>

**\$230.**

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 – Girls***  
***Spring 2011***

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