

# TONY DOUGLAS

## BOYS AND GIRLS SUMMER

# BASKETBALL CAMP

### AT THE BREWSTER SPORTS CENTER

#### AGE:

8 -14 years old

#### WHEN:

July 26-30, 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 Al Morales at 845-406-0130

#### 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.



#### TONY DOUGLAS 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: \_\_\_\_\_