



# **PRESIDENT'S DAY HOLIDAY BASKETBALL CAMP**

AGES 9-16

**Monday, February 18, 2019**

Full Day 9:00am - 3:00pm Cost: \$50 Pre-registered/\$60 day of camp

1/2 Day 9:00am - 12:00pm Cost: \$30 Pre-registered/\$40 day of camp

The Lightning Holiday Basketball Camp covers individual fundamentals (offensive and defensive), technique and drills, competitive situations, team concepts and ideology; keys to making your team and earning a starting spot. This is the most important thing you can do to prepare for your season.



*Just Play!*

For more information contact Al Morales at 845.406.0130 or email

[almorales@brewstersportscenter.com](mailto:almorales@brewstersportscenter.com)

Brewster Sports Center • 19 Sutton Place, Brewster, NY 10509 • [www.brewstersportscenter.com](http://www.brewstersportscenter.com)



# LIGHTNING PRESIDENT'S DAY CAMP

AGES 9-16

FEBRUARY 18, 2019

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

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

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

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

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

Mobile Phone: (    ) \_\_\_\_\_

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

Full Day 9:00am - 3:00pm Cost: \$50 Pre-registered/\$60 day of camp

1/2 Day 9:00am - 12:00pm Cost: \$30 Pre-registered/\$40 day of camp

Method of Payment: please print

Check (enclosed)

Visa

MasterCard

Discover

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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