

BREWSTER SPORTS CENTER

Summer SOCCER 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): _____

_____ June 30 - July 3 - 4 days Cost : \$200
_____ August 18-22 - 5 days Cost : \$250

Method of Payment: please print

_____ Check (enclosed)

_____ MasterCard

_____ Visa

_____ American Express

_____ Discover

Credit Card No: _____ Expiration Date: _____

Signature: _____

Make check payable to: Brewster Sports Management, 19 Sutton Place, Brewster, NY 10509

Cancellation Policy: Prior to May 1 payments will be refundable in full (minus a \$50 cancellation fee). Cancellations after May 1 are non-refundable.

I represent that my child is in good physical condition and has no disability, impairment or 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 videotapes of the campers taken at camp to be used for publicity or advertising.

Signature _____ Date _____