

Girls 2010 Summer Volleyball Camp
At the Brewster Sports Center

Registration Form

Name: _____
Address: _____
City: _____
State/Zip Code: _____
Sex: _____ Birth date: _____
Age as of 7/1/10: _____
Home Telephone: _____
Mother's Name: _____
Mother's Cell Phone: _____
Father's Name: _____
Father's Cell Phone: _____
Email Address: _____

Please check week(s) attending. Cost: \$260 per week - \$20 discount if attending both weeks.

July 12-16, 2010 August 16-20, 2010

Method of Payment:

- Check (enclosed)
- MasterCard
- Visa
- American Express
- Discover

Credit Card Number: _____
Expiration Date: _____
Cardholder's Signature: _____
Today's Date: _____

Please make checks payable to: Brewster Sports Center 19 Sutton Place Brewster, NY 10509

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 it's 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, it's 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 to be used for publicity and/or advertising.

Signature (Parent/Guardian): _____ Date: _____

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, its 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: _____