



High Level Basketball Workout With Strength Shoes

Summer 2010

Instruction by Lou DeMello

Boys 14-17 years old

Schedule:

8:00pm to 9:00pm

MONDAYS

August 2nd, 9th, 16th, 23rd, 30th

**Price
\$150.**

**Enrollment
limited**

Improve –

- Your vertical (off right/left foot and power jump)
- First step
- Change of direction
- Defensive slides and close outs

Drills Include

Ball handling

Off the dribble shooting

Catch and shoot

Straight line dribbles with moves

Angle dribble with moves

Rebounding with right & left foot and tip-Ins



**Sneakers
NOT
Included**

For More Information Please Contact us at: (845)278-2040 Or Visit our Website at:

www.brewstersportscenter.com

Brewster Sports Center 19 Sutton Place Brewster, NY 10509



High Level Basketball Workout With Strength Shoes

Name: _____

Player's Age: _____

Parent(s)'s Name: _____

Address: _____

City, State, Zip: _____

Day Telephone: () _____

Evening Telephone: () _____

Mobile Phone: () _____

Email: _____

Fax: _____

Fee is \$150.00 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 #: _____