

## MAIN CAMP OFFICE

Brewster Sports Center 845-278-2040

## PROFESSIONAL STAFF

All professional staff and counselors are chosen for their expertise, experience, enthusiasm, and commitment to the welfare of the campers.

## COST/AGES

**Ages 5-7:** \$170 per week

Half Day 9:00am-12:30pm

**Ages 8-12:** \$285 per week

Full Day 9:00am-4:00pm

*Early drop-off is 8:00am - \$10 per hour*

*Late pick-up is 6:00pm - \$10 per hour*

## MULTI-WEEK DISCOUNTS

3 week pkg - \$255 per week

4 week pkg - \$245 per week

6 week pkg - \$235 per week

**Discounts apply to full day only.**

**You must register for multiple weeks prior to the start of camp for discount to apply.**

## CANCELLATION POLICY

Prior to May 1 payments will be refundable in full (minus a \$50 cancellation fee).

Cancellations after May 1 are non-refundable.

## DATES

June 28 - July 2

July 5 - July 9

July 19 - July 23

July 26 - July 30

August 9 - August 13

August 23 - August 27

## 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 available. Lunches will be refrigerated for campers who choose to bring their own.

## EARLY REGISTRATION DISCOUNT

Register by April 30: Cost per week is \$265.

*Discounts apply to full day only*

## 2010 MULTI SPORT CAMP REGISTRATION FORM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone (Father): \_\_\_\_\_

PLEASE CHECK

\_\_\_\_\_ June 28 - July 2

\_\_\_\_\_ July 5 - July 9

\_\_\_\_\_ July 19 - July 23

\_\_\_\_\_ July 26 - July 30

\_\_\_\_\_ August 9 - August 13

\_\_\_\_\_ August 23 - August 27

Cost is \$285 for full day, \$170 for half day.

*Register by 4/30/10 cost is \$265. (Full day only)*

Method of Payment: please print

\_\_\_ Check (enclosed)

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AmEx \_\_\_ Discover

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Make check payable 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 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 BrewsterSportsCenter'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 campers taken at camp to be used for publicity or advertising.



## TO REGISTER

Fill out the application and return it with your payment to the Brewster Sports Center.

For information please call Al Morales at 845-406-0130 or visit our website at [www.brewstersportscenter.com](http://www.brewstersportscenter.com)

Signature \_\_\_\_\_

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, 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: \_\_\_\_\_