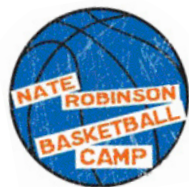


Nate Robinson Skillz and Drillz Basketball Camp



THE JOY OF THE GAME

DATE: August 23-27
Boys/Girls: 8-15
9:00 AM - 4:00 PM
COST: \$300



The Skillz and Drillz Camp is all about kids and their relationship with basketball. Hoopsters of all ages and levels will learn from Nate Robinson, his staff and the best local coaches. Instruction will focus on improving individual shooting, rebounding, ball handling, and defensive skills. Team building skills and team play will be emphasized. The camper will build self esteem and confidence, and feel the joy of the game as Nate and his staff illustrate the similarities of the game of basketball to the game of life.

Combining excellent coaching and a proven program that seeks to provide individual attention to each camper, the Skillz and Drillz Camp delivers valuable lessons and plenty of fun.

Campers can bring their own lunch (refrigeration provided) or they can purchase lunch at the on premises Sports Café.

For more information contact Al Morales at the Brewster Sports Center. Phone: 845-406-0130
Email: almorales@brewstersportscenter.com

Nate Robinson Skillz & Drillz
2010 Youth Basketball Camp
at the Brewster Sports Center
AUGUST 23-27, 2010

Campers Name: _____
Player's Age: _____ Date of Birth: _____
Address: _____
City, State, Zip: _____
Home Telephone: () _____
Parent(s)'s Name: _____
Day Telephone: () _____
Mobile Phone: () _____
Email: _____

Credit Card # _____ Exp. Date _____
Cardholder's Name: _____

Fee is \$300.00 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 returned check fee.

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 camp fees and refund policies.

Signed: _____ Date: _____

Parent or Guardian Signature: _____

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: _____