

# Brewster Boys Basketball Skills Camp

Coach Tom Nelligan & Coach John Martino — Directors  
Sponsored by the Town of Southeast Recreation Department



The Brewster Boys Basketball Skills Camp will stress individual skill development and shooting fundamentals rather than team play.

Campers will spend time developing new dribble moves, learning how to read and react to screens, and developing new ways of getting open. The proper fundamentals of shooting will also be highlighted in a small group setting.

Campers should bring water bottles and be dressed appropriately for basketball in a "summertime" gymnasium . Basketballs and other equipment will be provided	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Dates:</td> <td style="padding: 2px;">August 2, 3, 4, 5, 6</td> </tr> <tr> <td style="padding: 2px;">Time:</td> <td style="padding: 2px;">9:30 am to 12:00 pm</td> </tr> <tr> <td style="padding: 2px;">Location:</td> <td style="padding: 2px;">HH Wells Gym</td> </tr> <tr> <td style="padding: 2px;">Grades/Ages:</td> <td style="padding: 2px;">Boys entering 4th through 9th grades</td> </tr> <tr> <td style="padding: 2px;">Fee:</td> <td style="padding: 2px;">\$100.00</td> </tr> </table>	Dates:	August 2, 3, 4, 5, 6	Time:	9:30 am to 12:00 pm	Location:	HH Wells Gym	Grades/Ages:	Boys entering 4th through 9th grades	Fee:	\$100.00
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\*\*\*\*\*Please tear here and return with payment to the address below!\*\*\*\*\*

## ACTIVITIES REGISTRATION FORM

PROGRAM: \_\_\_\_\_

NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SHIRT SIZE (if applicable): CIRCLE ONE: Youth S M L XL    Adult S M L XL

EMERGENCY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

FEE (non-refundable): \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/ PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail or drop off at: Town of Southeast Recreation Department  
140 Pumphouse Road / Brewster, New York 10509 phone #: (845) 279-3915  
E-mail: recreation@townofsoutheast-ny.com website: www.townofsoutheast-ny.com

\* I grant permission to use my child's photograph on the website and/or printed publications to promote Town of Southeast sponsored programs.     YES     NO