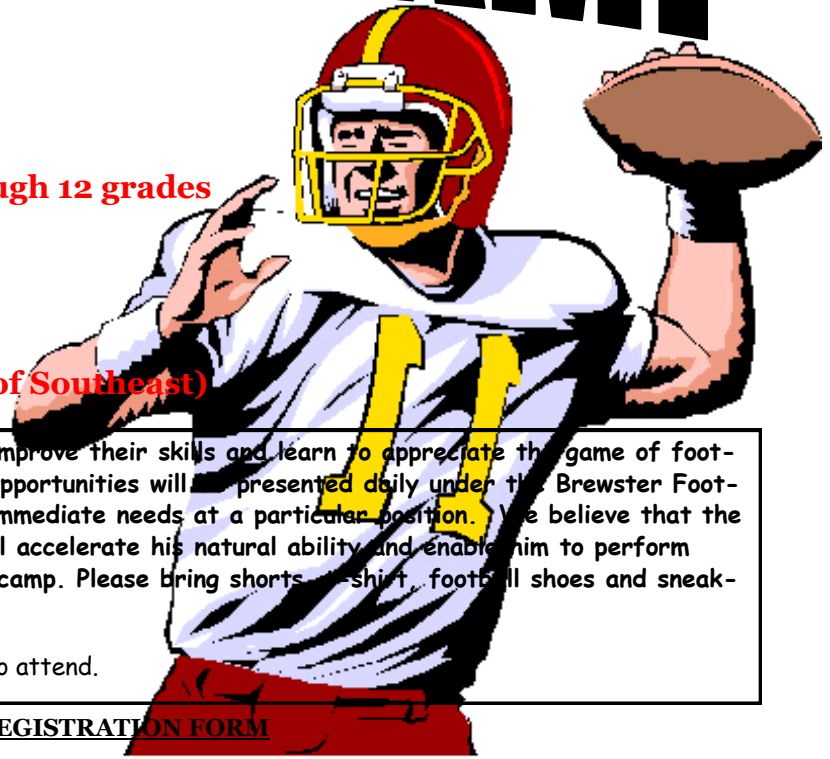


# FOOTBALL CAMP

**DIRECTOR:** Coach Mulvihill  
**DATES:** August 16, 17, 18, 19  
**AGE:** Boys entering 9th through 12 grades  
**TIME:** 5:00 pm to 8:00 pm  
**LOCATION:** Athletic Turf Field  
**FEE:** \$115 (Payable to Town of Southeast)



**PURPOSE:** To provide participants the opportunity to improve their skills and learn to appreciate the game of football. Demonstrations, drill sessions and other learning opportunities will be presented daily under the Brewster Football staff. Our camp is designed to meet the player's immediate needs at a particular position. We believe that the personal attention given to each player by our staff will accelerate his natural ability and enable him to perform closer to his maximum potential. This is a non-contact camp. Please bring shorts, t-shirt, football shoes and sneakers (in case of rain).

Beginners as well as experienced players are encouraged to attend.

## ACTIVITIES REGISTRATION FORM

**PROGRAM:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

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

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

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE: (HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FEE (non-refundable) :** **CREDIT CARD:** \_\_\_\_\_ **CHECK:** \_\_\_\_\_ **CASH:** \_\_\_\_\_

**CREDIT CARD INFO (No Amex):** Number" \_\_\_\_\_

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

**Expiration date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**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  
1 Main Street / Brewster, NY 10509 / phone: (845)279-3915 // Fax: (845) 279-3137  
E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov

The Brewster Central School District neither sponsors nor endorses this event or organization. This information is distributed in line with the District's policy to provide information regarding activities of general public interest which promote the education or other best interests of the students. Questions regarding this event or activity should be directed to the organization, not the District.

