



## The Sports Clinic at



[www.summertrailsdaycamp.com](http://www.summertrailsdaycamp.com)



Our one-week sports clinics will provide campers with new skill development and enhanced skill progression through drills, mini games and exciting live-action play.

Download Registration at:

[www.summertrailsdaycamp.com/documents/SportsClinicatST.pdf](http://www.summertrailsdaycamp.com/documents/SportsClinicatST.pdf)

# Meet the Team

**Sports Clinic at Summer Trails Director: Scott Berman** - "As a long time Physical Education teacher, Coach and 38 year member of the Summer Trails Sports Staff I am excited to offer a new opportunity for children to receive high end coaching, and improve their skill in each of our sports clinic offerings."

### Lacrosse Coach: Brian Dalton:

Brian is currently an assistant coach for the Somers Varsity Lacrosse Team and was an assistant coach for the Red Storm Lacrosse Program at St. Johns University. A Shrub Oak native, Brian graduated from Springfield College with a Bachelors Degree in Physical Education and was an All American Lacrosse player. He attended the College of New Rochelle, earning his Masters in Education. Brian's coaching experience includes six years as the varsity coach of Fox Lane High School in Bedford. At Fox Lane, he developed three high school All-Americans.

#### **Lacrosse - 4:00 - 6:00 pm**

7/18-7/22 - Boys entering grades 3-8

7/25-7/29 - Girls entering grades 3-8

### Basketball Coach: Dennis Ubriaco:

Dennis is back for his second season at Summer Trails Day Camp. He is currently an assistant coach for Cross-Country, Winter and Spring Track at North Salem Middle School/High School. A Mahopac native, Dennis graduated Wheelock College with a Bachelors of Science in Mathematics and Science. He attended Manhattanville College where he earned a Masters of Art with a concentration in Physical Education and Sports Pedagogy. Dennis's coaching experience includes: basketball coach at the Rye YMCA and baseball coach at the Mahopac Baseball Camp.

#### **Basketball - 4:00 - 6:00 pm**

7/11-7/15 - entering grades 5-8

8/1-8/5 - entering grades 2-4

# The Sports Clinic at



Box C

Granite Springs, NY 10527

PH: 914-245-1776 F: 914-245-1683

info@summertrailsdaycamp.com, www.summertrailsdaycamp.com

Name: \_\_\_\_\_ Grade Entering Fall 2011: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M F  
\_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

In case of emergency: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Basketball - 4:00 - 6:00 pm**

Session Enrolling \_\_\_\_\_ Week 3 (7/11-7/15) - entering grades 5-8  
\_\_\_\_\_ Week 6 (8/1-8/5) - entering grades 2-4

## **Lacrosse - 4:00 - 6:00 pm**

Session Enrolling \_\_\_\_\_ Week 4 (7/18-7/22) - Boys entering grades 3-8  
\_\_\_\_\_ Week 5 (7/25-7/29) - Girls entering grades 3-8

**One Session Player fee: \$120.00 per Current Summer Trails Camper**  
**One Session Player fee: \$150 per non-Summer Trails Camper**

Signature on the back of this form and a completed Summer Trails Day Camp  
Medical must be on file prior to beginning any program

# The Sports Clinic at



1. We give permission to the medical personnel selected to provide medical care as outlined on the completed Medical Form provided.
2. We agree to provide fully completed, accurate, and up to date medical forms. The Sports Clinic reserves the right to refuse to have a child on property without such medical forms on file.
3. Parent represents they have provided the player's history of physical, social, and/or mental medical condition, including allergies, surgical procedures, therapy programs, and/or regularly taken prescription medications.
4. No refunds for absences or withdrawals will be made.
5. The Sports Clinic reserves the right to dismiss, in its sole discretion, any Player whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interest of the program or his/her fellow players or who violates program rules and regulations.
6. Permission is hereby granted for The Sports Clinic and for ventures directly related to Summer Trails Day Camp Inc to use for promotional purposes images of my child such as photographs, video and audio images or likenesses as well as statements.
7. In the event of a rain, The Sports Clinic reserves the right to move the players into a covered building, tent or transfer players to and from off-site locations.
8. As parents, we understand the risks involved and agree that no environment is risk-free. Upon placing my signature below, we hereby acknowledge our full understanding and willingness to accept the risks of injury for ourselves or for the minor for who we are responsible. We agree to hold harmless The Sports Clinic, Summer Trails Day Camp Inc and their staff and agents from any and all liability.
9. We agree that any claims, disputes or cause of action arising from or related to this agreement may only be brought and maintained in a court of competent jurisdiction located within the State of New York, County of Westchester, and Parents expressly submit to the jurisdiction of such courts. In the event of any such legal action, the prevailing party shall be awarded the costs of litigation including attorneys and expert witness fees.

## PAYMENT METHOD

- \_\_\_\_\_ I have enclosed a check  
 \_\_\_\_\_ Please charge my Visa/MC/Amex

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

## PARENT OR GUARDIAN CONSENT

I grant my child permission to participate in  
 The Sports Clinic at Summer Trails

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

### For Official Use Only

Date Received

Fee

Check #