



# Berlin Boys Satellite Camp

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Brian Butch Basketball and Berlin Basketball are excited to be offering a fundamental skill focused satellite camp for the Berlin Indians. This camp will be 4 hours long for the high school players while the 4<sup>th</sup>-8<sup>th</sup> will be 2 hours.

- Small group and individual instruction from experienced coaches and players.
- Strong focus on fundamental skill work, and individual drills to help you improve.

<input type="checkbox"/> Berlin Satellite Camp	June 26 <sup>th</sup>	8:00am – 12:00pm	9 <sup>th</sup> -12 <sup>th</sup>
<input type="checkbox"/> Berlin Satellite Camp	June 26 <sup>th</sup>	1:00pm - 3:00pm	4 <sup>th</sup> -8 <sup>th</sup>

\*Location Berlin High School

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade this fall: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-shirt Sizes: YS YM YL S M L XL XXL

For more information, please contact:

**Berlin Contact:**

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**Brian Butch Basketball Contact:**

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**Wavier and Release Form**

I certify that \_\_\_\_\_ (Childs Name) has my permission to participate in the Brian Butch Basketball Camps. I hereby release Brian Butch Basketball Camps (Event) and Brian Butch Enterprise, LLC (Company), and his employees from any liability, claims, lawsuits, etc. from any injury or illness that may result from participation in Brian Butch Basketball Camps (Event). The participant is releasing Brian Butch Enterprise, LLC (Company) and his employees for any acts of negligence I certify that my child is in good physical health and can participate in all camp activities. I further certify that the above camper has medical insurance in case of an emergency. Brian Butch Basketball camps (Event) and Brian Butch Enterprise, LLC (Company), the directors, and any staff shall not be held responsible for personal injury of any player or loss of individual property during the camp. I grant permission for the camp directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses.

I, \_\_\_\_\_ (Players Name) release Brian Butch personally and Brian Butch Basketball Camps (Event) from any liability, claims, lawsuits, etc. from any injury or illness I may suffer during my participation in any of the camps organized by Brian Butch or the Brian Butch Basketball Camps or Brian Butch Enterprise, LLC. I grant to Brian Butch Enterprise, LLC, the right to take photographs of me and my family in connection with the above-identified event. I authorize Brian Butch Enterprise, LLC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Brian Butch Enterprise, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Contact in case of emergency

\_\_\_\_\_  
Signature of Player