

Luxemburg-Casco Satellite Camp

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Brian Butch basketball & Luxemburg-Casco boy's basketball are excited to be offering a satellite skills clinic for any boys going into9th to 12th grade. We will be focusing on footwork, shooting, ball handling & concepts to help each individual become a better player.

- Mass, small group and individual instruction from experienced coaches
- Strong focus on the fundamental skill work and individual drills to help you improve your game •

յլ sh School	June 15 th		8am-12:30pm			$9^{th} - 12^{th}$
n into Coach Thru	ne					
Age:	Grade this fall	:	Phone	e:		
	Parent's Name(s):					
	Email:					
	T-Shirt Size:	S N	/ L	XL	XXL	
	n into Coach Thru	n into Coach Thrune Age: Grade this fall Parent's Name Email:	n into Coach Thrune Age: Grade this fall: Parent's Name(s): Email:	n into Coach Thrune Age: Grade this fall: Phone Parent's Name(s): Email:	n into Coach Thrune Age: Grade this fall: Phone: Parent's Name(s): Email:	n into Coach Thrune Age: Grade this fall: Phone: Parent's Name(s): Email:

Luxemburg-Casco Contact:

Tyler Thrune

Brian Butch Basketball Contact:

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Logan Flora

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	waver 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 C	amps (Event) and Brian Butch Enterprise, LLC (Company), and his employees from any liability, claims, lawsuits, etc.
from any injury or illness that ma	ay result from participation in Brian Butch Basketball Camps (Event). I certify that my child is in good physical health
and can participate in all camp a	ctivities. I further certify that the above camper has medical insurance in case of an emergency. Brian Butch
Basketball camps (Event) and Br	ian Butch Enterprise, LLC (Company), the directors, and any staff shall not be held responsible for personal injury of
any player or loss of individual p	roperty during the camp. I grant permission for the camp directors to act on my behalf in case of medical
emergency. I understand that I a	im responsible for all medical expenses.

_ (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