



Menominee, MI Satellite Clinic

This form is for all non-Menominee campers.
Only use this form as the other form is for just
the Menominee players as their booster club will
be helping off-set the costs.

Email: brianbutchbasketball@gmail.com

Phone: 920-636-1812 or 920-858-1241

Twitter: @BrianButchHoops

Brian Butch Basketball and Menominee Basketball are excited to be offering a skills focused satellite camp for the Menominee Basketball Community. We will be focusing on all of the aspects you will need to improve your game, such as ball handling, shooting, and passing to name a few.

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

☐ Menominee Satellite Clinic June 8th (Co-Ed) 5:00 pm to 7:00 pm 3rd-12th \$25

***Location: Menominee High School**

***Register your child for the grade they will be entering next school year**

Full Name: _____ Age: _____ Grade this fall: _____ Phone: _____

Address: _____ Parent's Name(s): _____

City: _____ Email: _____

State: _____ Zip: _____ Circle (1) T-Shirt Size: **Youth:** SM M LG **Adult:** SM M LG XL XXL

***Please make checks out to Brian Butch Basketball and mail with this form to Menominee Hoops Club, PO Box 814, Menominee, MI 49858. Or hand deliver to Brent Nerat (1231 9th Ave, Menominee MI): or hand deliver to the day of camp**

For more information, please contact:

Menominee Contact:

Scott Christiansen

Email: Schristiansen@menomineeco.com

Phone: 715-587-0479

Menominee Contact:

Brent Nerat

Email: brent.nerat.muz1@statefarm.com

Phone: 906-290-6967

Brian Butch Basketball

Logan Flora or Brian Butch

Email: Coachflora@gmail.com

brianbutchbasketball@gmail.com

Phone: 920-284-1658/ 920-858-1241

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