

WAUPACA SKILLS CAMP



Brian Butch basketball will be in Waupaca on June 13th & July 11th. We are excited to be offering a satellite skills camp for any boys & girls going into 3rd-8th. 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

<input type="checkbox"/> Waupaca Satellite Skills Camp	June 13 th	5pm-8pm	3 rd -8 th	\$25
<input type="checkbox"/> Waupaca Satellite Skills Camp	July 11 th	5pm-8pm	3 rd -8 th	\$25

***Sign Up for both Camps \$40**

Full Name: _____ Age: _____ Sex: _____ Grade this fall: _____
Address: _____ Parent's Name(s): _____
City: _____ Phone: _____
State: _____ Zip: _____ Email: _____

Location: Waupaca Rec Center, 407 School St, Waupaca, WI 54981

Waupaca Contact:

Brad Bogard
Email: jbbogard@Charter.net
Phone: 920-410-5260

Brian Butch Basketball Contact:

Brian Butch
Email: brianbutchbasketball@gmail.com
Phone: 920-636-1812

Brian Butch Basketball Contact:

Logan Flora
Email: Coachflora@gmail.com
Phone: 920-284-1658

Waiver and Release Form

I certify that _____ (Child's 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, _____ (Player's 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

*Make Checks Payable to:
Brian Butch Basketball Camps
2169 Sophia Lane
Appleton, WI 54913
www.brianbutchbasketballcamps.com*