



Three Lakes Satellite Camp

Email: brianbutchbasketball@gmail.com

Phone: 920-858-1241

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Brian Butch Basketball and Three Lakes Basketball are excited to offer a skill focused satellite camp for the Three Lakes Basketball Community.

- 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"/> Three Lakes	July 20 th	9:00am - 12:00pm	Boys and Girls	\$55	3 rd -7 th
<input type="checkbox"/> Three Lakes	July 20 th	12:30pm - 3:30pm	Boys and Girls	\$55	8 th -12 th

*Location: Three Lakes High School

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

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

City: _____ Email: _____

State: _____ Zip: _____

Please mail registration forms to Brian Butch Basketball, 2169 Sophia LN, Appleton WI 54913

For more information, please contact:

Three Lakes Contact:

Ryan Bock or Michele Brown

Email: rbock@threelakesd.k12.wi.us

Email: mbrown@threelakesd.k12.wi.us

Brian Butch Basketball Contact:

Brian Butch

Email: brianbutchbasketball@gmail.com

Phone: 920-858-1241

Brian Butch Basketball Contact:

Logan Flora

Email: Coachflora@gmail.com

Phone: 920-203-5259

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). 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