



# OSHKOSH CLINIC @ HOME OF THE HERD

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Brian Butch Basketball is excited to be offering a skills focused satellite camp for the Oshkosh 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.

- An understand of the "Why", why we are teaching these skills and why you should be working on them
- Strong focus on fundamental skill work, and individual drills to help you improve.

<input type="checkbox"/> Oshkosh Clinic	March 21 <sup>st</sup>	4:00pm to 5:00 pm	3 <sup>RD</sup> - 8 <sup>th</sup>	\$25
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**\*Location: Menominee Nation Arena, 1212 S. Main St., Oshkosh, WI 54902**

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Please make checks out to Brian Butch Basketball. and mail with this form to Brian Butch Basketball, 2169 W. Sophia Ln, Appleton, WI 54913**

For more information, please contact:

**Brian Butch Basketball Contact:**

Brian Butch

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**Brian Butch Basketball Contact:**

Logan Flora

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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