



Brian Butch Basketball

Fall Tune Ups

REGISTER ONLINE AT:

Website:

www.brianbutchbasketballcamps.com

Email: brianbutchbasketball@gmail.com

Twitter: @BrianButchHoops

The purpose of these fall tune camps is to help introduce the game of basketball to young boys & girls who would like to start learning how to play the game. At the camps, players will work on shooting, ball handling, footwork, passing, pivoting, post play, attacking off the dribble and the pass while having a lot of fun!!!



All Fox Valley Tune- Ups will be hosted at: St. Paul Lutheran Church and School 225 E Harris St, Appleton, WI 54911

REGISTRATION FORM - Consent form is on the back and must be filled out as well.

Fall Tune Up Names	Dates	Price	Max # of Kids
SESSION 1	Nov 5 th (3:00pm-4:00)	\$15	20
SESSION 2	Nov. 19 th (4:30pm-5:30)	\$15	20
SIGN UP FOR BOTH SESSIONS		\$25	

*Age Groups Are K-3rd

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

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

City: _____ Email: _____

State: _____ Zip: _____

Cash or Checks are acceptable

Checks are Payable to:

Brian Butch Basketball Camps

1532 Remington Rd

Neenah, WI, 54956

www.brianbutchbasketballcamps.com

Please make sure you sign and fill out the waiver/consent form on the back of this slip. Thank you.

We'd like to thank our sponsors for their support of the 2016 Brian Butch Basketball:



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