



Appleton West Girls Satellite Camp HIGH SCHOOL

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Brian Butch Basketball and Appleton West Girls Basketball are excited to offer a skill focused satellite camp for the Appleton West Girls 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"/> Appleton West Girls Satellite Camp	June 20 th	6:00pm - 8:30pm	Girls	\$20	9 th -12 th
<input type="checkbox"/> Appleton West Girls Satellite Camp	July 18 th	6:00pm - 8:30pm	Girls	\$20	9 th -12 th
				Total: \$20	

*Location: Appleton West High School

*** Make checks out to AWYBA and mail forms and Checks to Brandon Reichenberger, 2313 S Telulah Ave, Appleton WI 54915**

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

For more information, please contact:

Appleton West Girls Contact:

Jim Brown
 Email: jimbrown628@gmail.com
 Phone: 920-585-0208

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: 920-284-1658

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