

Eleva Strum Satellite Camp

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Brian Butch Basketball and Eleva Strum Basketball are excited to be offering a skills focused satellite camp for the Eleva Strum 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.

- Small group and individual instruction from experienced coaches and players.
- Strong focus on fundamental skill work, and individual drills to help you improve.
- Brian Butch Basketball Camp T-shirt

 Eleva Strum Satellite Camp Eleva Strum Satellite Camp 	June 17 th June 17 th	9:00 am-11:00 am 9:00 am- 2:00 pm	\$30 \$45	K-3 rd 4 th -12 th	

*Location: Eleva Strum High School *Register your child for the grade they will be entering next school year *There will be a 1 hour break.

Full Name:	Age:	Grade this fall:	Phone:		
Address:		Parent's Name(s):			
City:		Email:		_	
State: Zip:		Circle (1) T-Shirt Size: Y	outh : SM M LG	Adult: SM M LG XL XXL	
	For mor	e information, please co	ntact:		
Eleva Strum Contact:	Brian	Butch Basketball Contac	t: B	rian Butch Basketball Contact:	
Amy Nelson		Brian Butch		Logan Flora	
mail: adznelson@juno.com Email:brian		anbutchbasketball@gma	il.com	Email: Coachflora@gmail.com	
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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). 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.

Signature of Parent

Contact in case of emergency