



# Menasha Girls Satellite Camp

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Brian Butch Basketball and Menasha Girls Basketball are excited to offer a skill focused satellite camp for the Menasha 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"/>	Menasha Girls Satellite Camp	July 30 <sup>th</sup> and 31 <sup>st</sup>	11:30am - 1:00pm	Girls	2 <sup>nd</sup> -5 <sup>th</sup>	\$25
<input type="checkbox"/>	Menasha Girls Satellite Camp	July 30 <sup>th</sup> and 31 <sup>st</sup>	11:30am - 1:30pm	Girls	6 <sup>th</sup> -8 <sup>th</sup>	\$25
<input type="checkbox"/>	Menasha Girls Satellite Camp	July 30 <sup>th</sup> and 31 <sup>st</sup>	11:30am - 1:30pm	Girls	9 <sup>th</sup> -12 <sup>th</sup>	\$25

**\*If Student receives free and reduced lunch camp is \$15**

\*Checks made payable to: MGBA (Menasha Girls Basketball Association) Mail form & Payment to MGBA 420 7<sup>th</sup> St Menasha, WI 54953

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

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

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

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

**T-SHIRT SIZE: (PLEASE CIRCLE ONE)**

**Youth: S/6-8 M/10-12 L/14-16**

**Adult: S M L XL XXL**

**\*Registration Form Due July 7<sup>th</sup>, 2019**

**\*Location Menasha High School**

For more information, please contact:

**Menasha Girls Contact:**

Steve Siegel

Email: [SSiegel@smcatholicschools.org](mailto:SSiegel@smcatholicschools.org)

Phone: 920-810-1236

**Brian Butch Basketball Contact:**

Brian Butch

Email: [brianbutchbasketball@gmail.com](mailto:brianbutchbasketball@gmail.com)

Phone: 920-858-1241

**Brian Butch Basketball Contact:**

Logan Flora

Email: [Coachflora@gmail.com](mailto: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

# MENASHA GIRLS & BRIAN BUTCH BASKETBALL CAMP 2019

Building an Attitude and Atmosphere to Bring the Gold Ball to Menasha!

Is it YOU?

## Camp Philosophy

"What do you do with a mistake: Recognize It, Admit It, Learn from It, Forget It." *Dean Smith*

"Basketball is a beautiful game when the five players on the court play with one Heartbeat." *Dean Smith*

"Get the fundamentals down and the level of everything you do will rise." *Michael Jordan*

Our Camp will focus on the fundamentals of passing, dribbling, shooting, moving without the ball and defensive principles. These will all be done while teaching everyone to work as a team, to be leaders and to have mental toughness.

The Menasha Girls Basketball Staff, **Brian Butch** along with players will demonstrate the basic skills necessary for individual and team

## WHEN:

July 29-31

## COST: \$25

\*If Student receives free and reduced lunch camp is \$15

\*Checks made Payable to: MGBA (Menasha Girls Basketball Association)

## TIMES:

2nd-5th Grades 11:30-2:00 PM

6th-8th Grades 11:30-2:30 PM

We will have 6 stations for all players to work on different skills July 29.

**Brian Butch will join us July 30 & 31**

**Registration Form Due July 7<sup>th</sup>, 2019**

Contact: Coach Steve Siegal

Email: [ssiegel@smcatholicschools.org](mailto:ssiegel@smcatholicschools.org)

Phone: 920-810-1236

## WHERE:

Menasha High School Fieldhouse

Detach and return with payment to: Menasha Girls Basketball Assoc. (MGBA) Summer Camp 420 7th St. Menasha, WI 54952

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

T-SHIRT SIZE: (PLEASE CIRCLE ONE) Youth: S/6-8 M/10-12 L/14-16 Adult: S M L XL XXL

Participate in MGBA? N Y Free and Reduced Lunch? N Y

## Waiver and Release

The Menasha Girls Basketball Association, management of this camp, Menasha Area School District, or any other official are not held responsible for personal injury of any player or loss of individual property during the camp. By signing this application, I hereby assume all risks associated with attendance and participation in this camp.

Further, I understand that the sport of basketball in itself can result in injury to my child.

I/we, the aforementioned parent/guardian, do hereby authorize the physician in emergency service at any hospital and/or clinic to administer treatment deemed necessary to the well-being of the minor in the event I/we are unable to be contacted for an immediate written or telephone authorization.

PARENT/GUARDIAN NAME \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Medical Insurance Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

(H) \_\_\_\_\_ (C) \_\_\_\_\_

Medical History (i.e. asthma or allergies): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_