



Neenah Satellite Camp

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Brian Butch basketball & Neenah Girl's basketball are excited to be offering a satellite skills clinic for any girls going into 9th to 12th grade. We will be focusing on footwork, shooting, ball handling & concepts to help each individual become a better player.

- Mass, small group and individual instruction from experienced coaches
- Strong focus on the fundamental skill work and individual drills to help you improve your game

<input type="checkbox"/> Neenah Girls Camp	June 12 th	7pm-9pm	9 th – 12 th
<input type="checkbox"/> Neenah Girls Camp	July 31 st	6pm-8pm	9 th – 12 th

***Location Neenah High School**

***Please turn your registration form into Coach Braunel**

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

Neenah Contact:

Andy Braunel
 Email: abraunel@neenah.k12.wi.us

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