



# Wisconsin Rapids Girls Youth Camp

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Brian Butch Basketball and Wisconsin Rapids Girls Basketball are excited to be offering a skill development focused satellite camp for the Wisconsin Rapids youth girls basketball program.

- Small group and individual instruction from experienced coaches and players.
- Strong focus on fundamental skill work with emphasis on shooting, and understanding defensive positioning.

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Wisconsin Rapids Girls Satellite Camp    August 1<sup>st</sup>    5:00 – 9:00    3<sup>rd</sup>-8<sup>th</sup>    \$45

**\*Location: Lincoln High School**

**\*Register your child for the grade they will be entering next school year**

**\*There will be a break from 6:45-7:15 for something to eat. Everyone is responsible for themselves.**

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-shirt Sizes:    YS    YM    YL    S    M    L    XL    XXL

**\*You can mail form and payment (checks made out to Brian Butch Basketball) to: Brian Butch Basketball, 2169 W. Sophia Ln., Appleton WI 54913**

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For more information please contact:

**Wisconsin Rapids Contact:**

**Brian Butch Basketball Contact:**

**Brian Butch Basketball Contact:**

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### Waiver 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