



Froedter & MEDICAL COLLEGE of WISCONSIN

MILWAUKEE BUCKS SPRING BREAK CAMPS

Designed to improve the skill level of any youth basketball player. Each day players will receive expert instruction from our highly qualified coaching staff. The focus of camp will be in skill development areas of ball handling, shooting, passing and most importantly teamwork. Don't miss out on the chance to get better at basketball and have fun!

AGES
7-15

MARCH 25 - 29
9AM - 1PM



**NICOLET
HIGH SCHOOL**
6701 N. JEAN NICOLET RD.
GLENDALE, WI 53217

BOYS
&
GIRLS

MARCH 25 - 29
9AM - 1PM



NORTH MIDDLE SCHOOL
N88 W16801 MAIN ST.
MENOMONEE FALLS, WI 53051

COST
\$150

APRIL 22 - 26
9AM - 1PM



**ST. LEONARD'S
SCHOOL**
W173 S7743 WESTWOOD DR.
MUSKEGO, WI 53150

INCLUDES

TICKET TO 19/20 BUCKS HOME GAME, BASKETBALL, T-SHIRT, and WRISTBAND

FOR FULL DETAILS & TO REGISTER
BUCKS.COM/CAMPS | 414-227-2777



presented by



presented by



presented by



The "official" mailable registration form for this program is coming soon. Please check back again later.

In the meantime, our online registration is available at our website:

www.TNBABasketball.com/Bucks

Or if you want to mail in your registration now, enter in the name of the program in the box below, fill out the coupon - being sure to specify an email address (so we can send you a registration confirmation), and a phone number (in case we need to reach you about the registration), and mail to:

the National Basketball Academy
34650 Melinz Parkway
Eastlake, OH 44095

Thank-you.

Bucks.com/camps to register online / Call 414.227.2777 exp for more information.

REGISTRATION FORM

Register my child for the following basketball event:

Please charge my card, or find a check enclosed, for this amount:

Make checks payable to: The National Basketball Academy.

PRE-REGISTER ONLINE OR BY MAIL. OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)

Please complete this registration form, including parent or guardian signature, and send to: The National Basketball Academy, 34650 Melinz Parkway, Eastlake, OH 44095

Make all checks payable to: The National Basketball Academy ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



*Please note all credit cards will be subject to an additional service charge of 4% of the total dollar transaction.

Registration form fields: Child's Name, Parent or Guardian Name, Address, City/State/Zip, Home Phone, Parent's Work Phone, Parent's Cell Phone, Child D.O.B., E-mail, Credit Card #, Exp. Date, 3-Digit Security#, Gender, Child T-shirt Size, Grade

The SIGNER grants permissions to the National Basketball Academy, the Milwaukee Bucks, the NBA (and its designees and agents) to use the Signer's child's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of or at the Event in any medium or content without further authorization or compensation.

Amt. charged to card \$

We, the undersigned, do hereby consent to our child's participation in the Milwaukee Bucks event. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Milwaukee Bucks, I/we do further release their agents and employees and any others associated with the event from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Milwaukee Bucks event.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature

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