



SPRING BREAK CAMP

Milwaukee Bucks Spring Break camp is designed to teach young players the fundamentals through station work, competitive games and drills in a fun environment. Our professional coaches are handpicked for their basketball knowledge and ability to work well with kids.

CAMP INCLUDES

Ticket to 17/18 Bucks Home Game and a **drawstring bag**.

DATES	March 27-31, 2017	DATES	April 10-13, 2017	DATES	April 10-13, 2017
LOCATION	Nicolet High School 6701 N. Jean Nicolet Rd. Glendale, WI 53217	LOCATION	St. Paul Lutheran School 701 Washington Street Grafton, WI 53024	LOCATION	Menomonee Falls High School W142 N8101 Merrimac Dr. Menomonee Falls, WI 53051
COST	\$150	COST	\$125	COST	\$125
AGES	7-15 Boys and Girls	AGES	7-15 Boys and Girls	AGES	7-15 Boys and Girls
TIME	9:00am - 1:00pm	TIME	9:00am - 1:00pm	TIME	9:00am - 1:00pm

For full details and to register, visit www.bucks.com/camps or call **414-227-2777**

2017 MILWAUKEE BUCKS SPRING BREAK CAMP

Mail to: Milwaukee Bucks - Youth Camps, 1001 North Fourth Street, Milwaukee, WI 53203

Camper Name: _____ Gender: M F Parent/Guardian Name: _____

Address: _____ City/State/ZIP: _____

Home Phone: _____ Parents Work Phone: _____ Parents Cell Phone: _____

Camper D.O.B.: _____ Grade: _____ E-mail: _____ T-Shirt Size: _____

Credit Card Number: _____ Exp: _____ 3 Digit Security Number: _____ Amount Charged To Card: \$ _____

Please note: All credit cards will be subject to an additional service charge of 4% of the total dollar transaction. Please make checks payable to: National Basketball Academy.

We, the undersigned, do hereby consent to our child's participation in the Milwaukee Bucks camp. 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 camps 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 camps. 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: _____ Parent or Guardian Signature: _____

The SIGNER grants permission to The National Basketball Academy, the Milwaukee Bucks, the NBA (and its designees and agents) to utilize 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 context without further authorization or compensation.