

# 2011 MINNESOTA TIMBERWOLVES SUMMER BASKETBALL CAMPS

This summer, the Timberwolves and the National Basketball Academy are proud to offer basketball clinics designed to improve the skill level of any youth basketball player. We invite you to join us for five days of fun and, as a special bonus, every participant will get a ticket to a Wolves game!

**All clinics are 9:00am-2:30pm each day and cost \$225 each**

**Champlin Park High School**

June 20-24, 2011

Featured Player: Wes Johnson

**Mounds View Community Center**

June 20-24, 2011

**High Performance Academy, Eagan MN**

June 20-24, 2011

Featured Player: Christian Laettner

**YMCA Ridgedale, Minnetonka MN**

June 27 - July 1, 2011

**Wayzata High School**

July 11-15, 2011

Featured Player: Christian Laettner

**Woodbury Middle School**

July 11-15, 2011

**Bloomington Jefferson Community Ctr.**

July 18-22, 2011

**Shakopee Community Ctr.**

Aug. 1-5, 2011

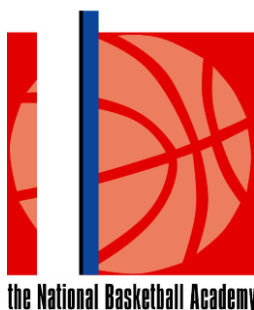
Featured Player: Christian Laettner

**Chanhassen Rec. Center**

Aug. 8-12, 2011

**JCC, St. Louis Park**

Aug. 15-19, 2011



### Every Participant Receives:

- One ticket to a Minnesota Timberwolves and Lynx regular season home game!
- A free t-shirt, basketball and headband
- Additional game tickets will be made available at a discount for family and friends.

**Register online at [www.thebasketballacademy.com](http://www.thebasketballacademy.com) or mail to:  
TNBA, 27600 Chagrin Blvd, Ste 450, Woodmere, OH 44122. Call 763.438.9511 for information.**

**TIMBERWOLVES SUMMER BASKETBALL CLINICS REGISTRATION FORM**

PARTICIPANT NAME:	D.O.B (MM/DD/YY):	GRADE:
CLINIC (Circle Above)	# OF PARTICIPANTS _____ x \$ _____ (\$225) = \$ _____	
<input type="checkbox"/> CHECK/MONEY ORDER PAYABLE TO <b>THE NATIONAL BASKETBALL ACADEMY</b> <input type="checkbox"/> PLEASE CHARGE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER		(PLEASE NOTE ALL CREDIT CARDS WILL BE SUBJECT TO A SERVICE CHARGE OF 4% OF THE TOTAL DOLLAR TRANSACTION)
CARD#	EXP. DATE	3 DIGIT SECURITY #

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL (Required): \_\_\_\_\_

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: \_\_\_\_\_

We, the undersigned, do hereby consent to our child's participation in the Minnesota Timberwolves program. 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 Minnesota Timberwolves, I/we do further release their agents and employees and any others associated with the programs from any and all claim of liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Minnesota Timberwolves programs.

Parent or Guardian

Signature: \_\_\_\_\_