



THE NATIONAL BASKETBALL ACADEMY
MINNESOTA LYNX
CAMPS • CLINICS • LEAGUES • TRAINING



THE NATIONAL BASKETBALL ACADEMY
MINNESOTA TIMBERWOLVES
CAMPS • CLINICS • LEAGUES • TRAINING

SUMMER 2009

2009 Minnesota Timberwolves Summer Basketball Clinic

Learn the same drills as the Timberwolves players!
See for yourself why the Timberwolves have the fastest growing clinics in Minnesota!



July 20-22, 2009

3 Day Clinic

Boys and Girls, Ages 6-11*

Tuition: \$100

***Ages 6-8, 9am-12pm**

***Ages 9-11, 12pm-3pm**

Blake Highcroft Campus

301 Peavey Lane

Wayzata, MN 55391



Clinic Highlights

1. Thought of the day/Warm-up
2. Skill Development Stations: Ball Handling, Passing, Shooting, Defense, and Rebounding
3. Daily Contest: Hot Shot, Free Throws, X-out, Lay-ups and Knock Out
4. Lunch (Bring your own)
5. Games 3-on-3 and 5-on-5

Clinic Highlights

1. Great instruction, games, contest and fun!
2. Timberwolves t-shirt and basketball
3. Timberwolves and Lynx 2009-2010 game tickets
4. Camp skills packet to take home
5. Money Ball at the end of each day

Sibling Discount:
of \$10 off
each camper

TIMBERWOLVES 2009 BASKETBALL CLINIC

www.thebasketballacademy.com to register online / Call 612.673.8444 for more information.

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Please complete this registration form, including parent or guardian signature, and send to:

The National Basketball Academy, 23400 Mercantile Rd. Suite 5, Beachwood, OH 44122

Make all checks payable to: The National Basketball Academy



**Please note all credit cards will be subject to an additional service charge of 3% of the total dollar transaction.*

Camper's Name _____

Parent or Guardian Name _____

Address _____

City/State/Zip _____

Home Phone _____ Parent's Work Phone _____

Parent's Cell Phone _____ Age of Camper _____ Grade _____

E-mail _____ T-Shirt Size (adult) S M L XL XXL

Credit Card # _____ Exp. Date _____ 3-Digit Security# _____ (on back of card)

Amt. charged to card \$ _____

The SIGNER grants permission to The National Basketball Academy, the Minnesota Timberwolves, 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.

We, the undersigned, do hereby consent to our child's participation in the Minnesota Timberwolves 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 Minnesota Timberwolves, 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 Minnesota Timberwolves 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 _____