



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

FALL 2010



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

## 2010 Minnesota Timberwolves St. Hubert's Youth Basketball Clinic

Join the Minnesota Timberwolves and the National Basketball Academy for 5 Basketball Training Sessions this fall. The clinics are designed to help players improve their skills at all facets of the game. All skill levels are accepted, players will be separated by age and skill level where possible. All sessions are coached by Steve Brown, Director of the Timberwolves National Basketball Academy along with former College players and coaches.

Each Participant receives a Timberwolves ticket.



Saturday's  
September 11, 18, 25 October 9, 16

Boys and Girls  
Grades 3-5 2:00pm-3:30pm  
Grades 6-8 3:30pm-5:00pm

Cost: \$120

St. Hubert's Gym  
8201 Main Street  
Chanhassen, MN 55317



Develop into the  
player you want  
to be!

**TIMBERWOLVES 2010 ST. HUBERT'S YOUTH BASKETBALL CLINIC**  
www.thebasketballacademy.com to register online / Call 612.673.8444 for more information.

Develop into the  
player you want  
to be!

St. Hubert's Youth Clinic  
September 11- October 16  
Boys and Girls

Grades 3-5 2:00pm-3:30pm  
Grades 6-8 3:30pm-5:00pm

Cost: \$120

St. Hubert's Gym  
8201 Main Street  
Chanhassen, MN 55317

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

Upon payment received by The National Basketball Academy, all sales are final. No Refund or Exchange will be issued.



\*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 \_\_\_\_\_ Camper D.O.B. (MM/DD/YY) \_\_\_\_\_ Grade \_\_\_\_\_

E-mail \_\_\_\_\_ T-Shirt Size YS YM YL 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 \_\_\_\_\_