



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

FALL 2010



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

2010 Minnesota Timberwolves MEA Shooting Clinic

The Timberwolves are proud to offer an MEA Shooting clinic designed to improve the shooting skill of all basketball players. The proper mechanics of shooting the basketball from footwork to proper hand placement on the ball will be the focus of the clinic. Each participant receives a timberwolves ticket.

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October 21-22, 2010

Boys and Girls

October 21, 2010

Grades 3-5 (\$35) 1:00pm-4:00pm

Grades 6-8 (\$35) 8:30am-11:30am

October 22, 2010

Grades 9-12 (\$20) 9:00am-12:00pm



Chanhassen Recreation Center

2310 Coulter Boulevard

Chanhassen, MN 55317

Develop into the
player you want
to be!

TIMBERWOLVES 2010 MEA SHOOTING 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

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 _____