

# 2021 Summer Basketball Camps (BRF) W/ Jordan Kappen

## Clinic Information

Date: June 15-18  
Where: Lunda Community Center Fieldhouse  
405 State Highway 54  
Black River Falls, WI

### Grade Entering:

**1<sup>st</sup>-3<sup>rd</sup> Grade**

**June 15-17**

9:00 a.m. – 10:30 a.m.

\$35

### Grade Entering:

**4<sup>th</sup>-9<sup>th</sup> Grade**

**June 15-17**

11:30 a.m. - 2:30 p.m.

\$60

### Grade Entering:

**High School Training Camp**

**June 18**

10:00 a.m. – 1:00 p.m.

\$30

## \*EACH PLAYER NEEDS TO BRING THEIR OWN BASKETBALL

For more information: Contact Jordan Kappen at [jkappen21@gmail.com](mailto:jkappen21@gmail.com) or 715.284.6621

How to Register:

1. **Check Payment:** please make checks payable to “**Jordan Kappen**” and drop it off with this form at the Lunda Center Front Desk or mail it to the following address:

Jordan Kappen  
1320 S 1<sup>st</sup> Street, Unit 417  
Milwaukee, WI 53204

2. **Cash Payment:** Hand this form and payment the front desk at the Lunda Center.
3. **Online Payment:** On the homepage of [www.jordankappenbasketball.com](http://www.jordankappenbasketball.com)

Participant's Name \_\_\_\_\_

Grade (entering) \_\_\_\_\_

T-Shirt Size: Yth Small \_\_\_ Yth Med. \_\_\_ Yth Lrg. \_\_\_ Adult Small \_\_\_ Adult Med. \_\_\_ Adult Lrg. \_\_\_ Adult XL \_\_\_ Adult XXL \_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

I learned about this clinic from: \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

### In case of emergency:

Contact \_\_\_\_\_

Phone \_\_\_\_\_

### Parent or Guardian:

Print Name \_\_\_\_\_

*I hereby authorize the staff of this basketball camp to act for my child according to their best judgment in any emergency requiring medical attention and I hereby waive and release this basketball camp from any and all liability for any injuries or illnesses incurred at the camp, or resulting from attending the camp. I also certify that my daughter or son is in good physical health and that s/he will notify staff members of any conditions that may impair his/her ability to participate in all activities.*

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