



# **JUNE 11-14**

# **WARRIOR**

# **WOMEN'S**

# **BASKETBALL**

# **CAMP**

## **How to register:**

- 1. Complete the form on the reverse side.**
- 2. Make check payable to:**  
**Chris James**  
**2205 Forest Drive SE**  
**Cedar Rapids, IA 52403**
- 3. Drop off in the Washington Activities Office or mail to the address above.**

**This is a private camp not sponsored by the Cedar Rapids Community School District**

**WASHINGTON**

**HIGH SCHOOL**

**NEW GYM**

**Grades 3 – 7**

**1:00 – 3:00 PM**

**Grades 8 – 12**

**10:00 AM – NOON**

**Fundamentals**  
**Skill Improvement**

**Agility & Speed**

**Team plays**

**Coaches**

**Washington High**  
**School staff**

**Junior Warrior**  
**Coaches**

**Warrior**  
**Hall-of-famers**

**COACH JAMES**

**(319) 350-9350**

**Chrisjames231@gmail.com**



## Warrior Women's Basketball Camp Application

Check the session: (Fall '18 grade)

\$40 _____	Grade 3 – 7	1:00-3:00pm	June 11-14
\$40 _____	Grade 8 – 12	10:00-Noon	June 11-14

\_\_\_\_\_

Total \$ \_\_\_\_\_

Circle T-shirt size:

Youth: S M L      Adult: S M L XL XXL XXXL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fall '18 Grade: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

Parents' (Guardians) Name: \_\_\_\_\_

Parents' Work/Cell Phone #: \_\_\_\_\_

Waiver by parent or guardian: In case of emergency I hereby authorize the staff of the Warrior Women's Basketball Camp act for me according to their best judgement in any emergency requiring medical attention. I hereby waiver and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program as outlined in this brochure. No medical coverage is afforded for injuries while at the Warrior Women's Basketball Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_