



**JUNE 12<sup>TH</sup> – 15<sup>TH</sup>**  
**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.

**WASHINGTON**  
**HIGH SCHOOL**  
**NEW GYM**

**Grades 3 – 6**

**12:00 – 1:30 PM**

**Grades 7 – 12**

**9:30 – 11:00 AM**

**Skill Improvement**

**Team Building**

**Program Culture  
& Plays**

**Coaches**

**Washington High  
School staff**

**Current & Former  
Players**

**Warrior  
Hall-of-famers**

**COACH JAMES**

(319) 350-9350

[cjames@crschools.us](mailto:cjames@crschools.us)

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



## Warrior Women's Basketball Camp Application

Check the session: (Fall '23 grade)

\$40 _____	Grade 3 – 6	12:00-1:30pm	June 12 <sup>th</sup> – 15 <sup>th</sup>
\$50 _____ (includes summer-long open gyms)	Grade 7 – 12	9:30-11:00am	June 12 <sup>th</sup> – 15 <sup>th</sup>

\_\_\_\_\_

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

Circle T-shirt size:

Youth: S M L

Adult: S M L XL XXL XXXL

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

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

Phone #: \_\_\_\_\_ Fall '23 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 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 \_\_\_\_\_