



JUNE 17TH – 20TH
WARRIOR
WOMENS'
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 2 – 7

12:00 – 1:30 PM

Grades 8 – 12

9:30 – 11:00 AM

Skill Improvement

Team Building

Program Culture

Coaches

**Washington High
School staff**

**Current & Former
Players**

**Warrior
Hall-of-famers**

COACH JAMES

(319) 350-9350

cjames@crschools.us



Warrior Women's Basketball Camp Application

Check the session: (Fall '24 grade)

\$40 _____	Grade 2 – 7	12:00-1:30pm	June 17 th – 20 th
\$50 _____ (includes summer-long open gyms)	Grade 8 – 12	9:30-11:00am	June 17 th – 20 th

_____ Total \$ _____

Circle T-shirt size:

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

Name: _____

Address: _____

Phone #: _____ Fall '24 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 _____