

# WAUKEE WARRIOR BASKETBALL CAMP

The focus of each camp session is providing strong fundamental basketball instruction and creating a culture where each camper is encouraged and excited to learn and improve while having fun. Our goal is to make sure each camper has a great camp experience!

**JUNE 17<sup>th</sup> – 20<sup>th</sup>**      **DAY CAMP:** Two full-court games each day, “Basketball Workout”, & camp t-shirt.  
**AM Session** (boys entering grades 5-8 @ WAUKEE HIGH SCHOOL)    **9:00 am -12:00 pm**                      \$110.00

**PM Session** (boys entering grades 1-4 @ WAUKEE HIGH SCHOOL)    **1:00 pm – 4:00 pm**                      \$110.00

**JULY 8<sup>th</sup> – 11<sup>th</sup>**      **SKILL CAMP:** Features of this “ALL DAY” camp:  
Four full-court games each day, “Basketball Workout”, camp t-shirt & basketball.  
\*Lunch not included – campers should bring sack lunch.

Boys entering grades 2nd-8th @ WAUKEE HIGH SCHOOL                      **9:00 am – 4:00 pm**                      \$175.00

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Grade (fall 2019) \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

## T-SHIRT SIZE

YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Indicate which camp you are registering for:

**DAY CAMP – JUNE 17-20    \$110.00                      SKILL CAMP – JULY 8-11                      \$175.00**  
\_\_\_\_\_ AM @ WAUKEE HIGH SCHOOL                      \_\_\_\_\_ 9:00 – 4:00 pm @ WAUKEE HIGH SCHOOL  
\_\_\_\_\_ PM @ WAUKEE HIGH SCHOOL

## Emergency Contact Person:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical conditions we should be aware of: \_\_\_\_\_

## Waiver Agreement

I grant permission to the staff of the Waukee Boys Basketball Camp to act on my behalf for my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the Waukee Boys Basketball Camp, its employees and agents from all claims on account of any injuries which may be sustained by my child while traveling to, participating in and returning from the camp. I also agree to indemnify the Waukee Boys Basketball Camp, its employees and agents from any claim which may hereafter be presented by my minor child as a result of illness or accident while my child is at the Waukee Boys Basketball Camp.

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

\_\_\_\_\_  
Date

- Please make checks payable to “Waukee Boys Basketball Camp” and send to
  - Waukee Boys Basketball Camp c/o Justin Ohl
  - Waukee High School
  - 555 Southeast University Avenue
  - Waukee, IA 50263

**FOR ONLINE REGISTRATION GO TO [www.waukeeschools.org](http://www.waukeeschools.org) > RevTrak>Athletics>Camps/Clinics**