

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 15 – 18th **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 6-9th **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 Entering (FALL OF 2020) _____ 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 15 - 18 | \$110.00 | SKILL CAMP – JULY 6-9 | \$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 <https://waukee.revtrak.net/Athletics/CampsClinics/>
\$25.00 non-refundable processing fee applied to all registrations.