

Klein High School

Name: _____

Grade in Aug. 2009 _____

June 8—July 23

Monday—Thursday

7:30 AM-9:30 AM

Fee: \$125.00

Strength & Conditioning

Klein High School Weight Room



Contact Person

Kent Hazen

khazen@kleinisd.net

832-484-4121

ALL Blanks MUST be filled out. Please Print in Black Ink Only

KLEIN INDEPENDENT SCHOOL DISTRICT

Amt. \$125.00
If applicable
Check # _____

Klein High School Strength & Conditioning Camp

June 8 - July 23

Monday-Thursday

7:30 AM - 9:30 AM

Name: _____ Age _____ Ph#: _____

Home Address: _____

Present School Grade
School _____ Sept. 2009 _____ Sept. 2009 _____

(Please circle one)

T-SHIRT SIZE: Adult: S M L XL

MAKE CHECKS PAYABLE TO: Klein I.S.D. Athletics

Camp Fee - \$125.00

* FEES MUST ACCOMPANY APPLICATION

MAIL COMPLETED APPLICATIONS TO: ~~→~~ Klein High School-Athletic Dept.

16715 Stuebner Airline, Klein, TX 77379

KISD WAIVER (MUST COMPLETE)

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of _____ agree to hold the Klein Independent School District, it's Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the Klein School District facilities. I herewith authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Date _____

Signature of parent or legal guardian _____

Street address of parent/legal guardian City/State _____ Zip _____ Phone _____
Cell _____

(REQUIRED) EMERGENCY INFORMATION

Name of Parent or Guardian: _____

Father's place of employment: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Mother's place of employment: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Family Physician: _____ Office Phone No. _____

Address: _____ Emergency Phone No. _____

List the name of a neighbor or relative who can be contacted if parent or guardian cannot be reached.

Name: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Insurance policy with: _____ Policy No. _____

INCOMPLETE APPLICATIONS WILL BE RETURNED