

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

**KLEIN INDEPENDENT SCHOOL DISTRICT**

Amt. \$125.00

If applicable

Check # \_\_\_\_\_

**2017 Klein High Strength & Conditioning Camp**

Dates: June 5-8, June 12-15, June 19-22, June 26-29, July 3rd -July 6th OFF  
July 10-13, July 17-20

Session I: 7:30-9:30 10-12 Grade Boys Klein High

Session II: 8:30-10:30 9th Grade Boys/All Girls Klein High

Intermediate Session I: 8:00-10:00-8th Grade Boys

Intermediate Session II- 9:00-11:00-6th & 7th Grade Boys

All Intermediate Boys at Kleb

Class Grades are applicable to the 2016-17 School Year

(KLEIN HIGH WEIGHT ROOM Grades 9-12 and Int. Kleb Campus Grades 6-8)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Ph#: \_\_\_\_\_

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

Present \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Sept. 2016 \_\_\_\_\_ Sept. 2016 \_\_\_\_\_

**T-SHIRT SIZE: Adult: S M L XL (please circle size)**

*MAKE CHECKS PAYABLE TO: Klein I.S.D. Athletics* \_\_\_\_\_ **Camp Fee: \$125**

*\* 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 \_\_\_\_\_

**(REQUIRED) EMERGENCY INFORMATION**

Name of Parent or Guardian:		Phone No.	
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.	