

KLEIN FOREST

ATHLETICS DEPARTMENT

 *SPEED DEVELOPMENT*

 *STRENGTH DEVELOPMENT*

 *PLYOMETRICS & BOUNDING*

 *JOINT STABILIZATION*

 *FLEXIBILITY DEVELOPMENT*

LOCATION & DATES:

KLEIN FOREST FIELD HOUSE

JUNE 12-AUG 3 | MONDAY-THURSDAY

\$125 OR \$26/WEEKLY

ALL ATHLETES (Boys & Girls):

KLEIN FOREST HIGH SCHOOL 9TH -12TH GRADE

WUNDERLICH INTERMEDIATE 7TH-8TH GRADE

KLEIN INTERMEDIATE 7TH-8TH GRADE

2017 ALL SPORTS

STRENGTH & CONDITIONING CAMP



KLEIN FOREST ATHLETIC DEPARTMENT

(832) 484-4701

lspillar1@kleinisd.net



KLEIN INDEPENDENT SCHOOL DISTRICT 2017 SUMMER SPORTS CAMPS REGISTRATION FORM

Registration

Complete, Print, Sign & Mail or Deliver the form at least 10 business days before start of camp to:

Klein I.S.D. Athletic Dept. | 16607 Stuebner Airline Rd. | Klein, TX 77379 | Make checks payable to K.I.S.D.

You may write one check for all camps | List camps on check memo | **Forms will NOT be confirmed**

Cancellation Policy

Student's Legal First & Last Name _____

School Attending (2016-17) _____

Grade Entering (2016-17) _____

Date of Birth _____

Student's Address _____

City _____

Zip Code _____

T-Shirt Size (Adult Sizes Only / check one): S M L XL XXL

I and/or my child prefer NOT to be photographed for use in district publications, websites or local media and newspapers.

Camp / Location / Session-Level (if needed)	Summer Camps Attending	CODE	FEE	
<input type="checkbox"/> Klein High	STRENGTH & CONDITIONING	7-12	\$125	SAC-KH
<input type="checkbox"/> Klein Collins	STRENGTH & CONDITIONING	7-12	\$125	SAC-KC
<input type="checkbox"/> Klein Forest	STRENGTH & CONDITIONING	7-12	\$125	SAC-KF
<input type="checkbox"/> Klein Oak	STRENGTH & CONDITIONING	7-12	\$125	SAC-KO
				Total Fees

Payment Method: Check (No. _____) Check Amount _____ M.O. # _____ Cash Amount _____

Last name on check if different than child attending camp _____

EMERGENCY INFORMATION (Required)

Name of Parent or Guardian: _____ Name of Parent or Guardian: _____

Mothers Employment: _____ Fathers Employment: _____

Cell No.: _____ Work No.: _____ Cell No.: _____ Work No.: _____

Family Physician: _____ Office No.: _____

Insurance Policy With: _____ Policy No.: _____

Emergency Contact: _____ Cell No.: _____ Work No.: _____

Parent/Guardian Email: _____

KISD WAIVER (Signature Required)

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of _____

agree to hold the Klein Independent School District, its 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 hereby 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.

Parent/Guardian Signature: _____ Date: _____

For further information, please call the K.I.S.D. Athletic Office: 832-249-4299 | www.kleinisd.net/default.aspx?name=issath.home

