

Kamiakin High School 25th Annual Summer Conditioning Camp Registration Form



Who: 5th-12th grades (2008-09 school year)

When: July 9-August 14, Monday-Thursday

I. 8:00-9:30am

II. 9:30-10:30am*

III. 10:30am-12:00noon

* Fleet football will run at this same time for all. Sign up any time; attendance taken for award purposes only.

Where: Kamiakin HS Weight Room w/ Coach Beverlin

Fee: \$50 (2 or more in a family: \$40 each)

Please complete, detach and return the following:

Name: _____ Birth date: ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Phone (day): _____ (eve): _____ Grade in Fall 08: _____

I agree to be solely responsible for any medical expenses incurred by my child in this activity. In consideration of the fee charged for this program, I agree to hold the Kennewick School District and any employee or volunteer involved in the program harmless from, and indemnify them for, any damage or loss arising as a result of my child's participation in this activity.

Parent's Signature: _____ Date: _____

Checks only / payable to: KaHS Booster

Kamiakin High School

600 N. Arthur

Kennewick, WA 99336

Attn: Craig Beverlin / 2008 Summer Conditioning Camp