



2014 CINCO RANCH HIGH SCHOOL SUMMER STRENGTH & CONDITIONING CAMP



The purpose of the 2014 CRHS Strength & Conditioning Camp is to allow our student/athletes the opportunity of developing the habit of working out with fellow current or future CRHS athletes while away from their regular school routine which in turn will benefit them many times over for the coming 2014-2015 competitive seasons at CRHS or BJH or CRJH. The camp is staffed with CRHS coaches as well as Beck and Cinco Ranch junior high coaches and some of our former student/athletes who are now in college. The camp is available to any student who is currently a CRHS student or who is in the feeder pattern for CRHS. If you should have any questions, please call our Athletic Administrative Assistant – Lori Trickett at 281-237-2472 or email her at: LoriTrickett@katyisd.org. We look forward to a great summer with our current and future CRHS athletes.

Don Clayton / CRHS Athletic Coordinator

Monday, June 16th – Thursday, July 31th (six weeks)

OFF week of June 30th – July 3rd

| | | | |
|---|-----------------|-----------|-----------------|
| Session 1 (Junior High – 7th/8th): | 7:00 am | to | 9:00 am |
| Session 2 (Freshmen, Regular, & Separate Female): | 9:00 am | to | 11:00 am |
| Session 3 (Advanced – Previous Experience): | 11:00 am | to | 1:00 pm |
| Session 4 (Regular Session for All Grades): | 4:00 pm | to | 6:00 pm |

Weekly: Monday – Tuesday – Wednesday – Thursday – Off on Friday

Preferred method of registration and payment –

Register and pay for the strength and conditioning camp using your student's MyPaymentsPlus account. Information about MYPaymentsPlus can be found on the parent resources tab at www.katyisd.org.

Alternate method –

PAYMENT INFORMATION (mail to):

**Cinco Ranch High School
c/o CRHS Athletics (Attn: Don Clayton)
23440 Cinco Ranch Blvd.
Katy, Texas 77494**

Make payment of \$100 per applicant
to KATY ISD and mail to >>>>>>>>

REGISTRATION FOR 2014 CRHS STRENGTH/CONDITIONING CAMP

Name: _____ Circle Gender: M or F Grade for 2014 -15: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: _____ Parents' Contact Phone: _____ Contact email address: _____
Emergency Contact: _____ Emergency Phone: _____
Circle School in 2014-15: CRHS or Beck JH or CRJH School Sports for 2014 -15: _____

***Circle Session desired:

| | | | |
|---|---|--|--|
| 7:00 am – 9:00 am <i>7th & 8th Graders</i> | 9:00 am - 11:00 am <i>Freshmen, Regular, and Separate Female</i> | 11:00 am – 1:00 pm <i>Advanced – Previous Experience Required</i> | 4:00 pm – 6:00 pm <i>Regular Session – Usually for Summer School Students</i> |
|---|---|--|--|

COMPLETE AND SIGN AGREEMENT ON BACK PAGE

>>> YOU MUST HAVE AN APPROVED KISD PHYSICAL ON FILE <<<

**Katy Independent School District
Athletics Department
Parent/Guardian Hold Harmless Agreement**

I _____ agree to indemnify and hold harmless Katy Independent School District, any employee, administrator and/or board member from actions or lack of action regarding any accident, injury, or illness, damage to your property or any other medical condition resulting in my participation in the following activity:

I understand if I am a member or a parent/guardian of a member of the _____ the District Insurance does not cover any injuries sustained while participating in this event. Any and all medical claims must be filed with the participant's "private insurance carrier" if available.

I agree to indemnify and hold Katy Independent School District its trustees officers, employees or agents harmless from any and all claims against Katy Independent School District its trustees, officers, employees or agents made by third parties which result from the above-named person's actions while participating in this event.

Furthermore, I hereby expressly release and agree to hold harmless on my behalf and on behalf of the above named person, the Katy Independent School District, its trustees, officers, employees or agents from all claims or actions of whatsoever nature, in tort or in contract, that I or the above named person ever had, now has or may have in the future against the Katy Independent School District its trustees, officers, employees or agents which result from the above named person's participation in this event.

In consideration of the above-named person being permitted to participate in this program, I expressly waive all claims to which I may otherwise be entitled, including but not limited to, claims for medical expenses and wages.

I recognize that the Katy Independent School District, its trustees, officers, employees or agents have sovereign immunity and governmental immunity under Texas Law. I understand that the Katy Independent School District, its trustees, officers, employees or agents are not waiving any sovereign or governmental immunity that it or they have under Texas or other applicable law.

I, the undersigned, have read this release and understand all its terms. I have executed it voluntarily and with full knowledge of its significance.

Signature of Student

Date Signed

Printed Name of Student

Signature of Parent/Guardian

Date Signed

Printed Name of Parent/Guardian: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____