

S SEVEN LAKES HIGH SCHOOL Athletics

SUMMER 2015 STRENGTH & CONDITIONING CAMP

JUNE 15th – July 23rd

Monday-Thursday

Students MUST have an approved KISD physical on file

PROGRAM COST: \$100

CAMP GOALS

The Spartan Strength & Conditioning Camp is open to Katy ISD students all sports 7th thru 12th zoned to SLHS. Campers are put into **age categories/ability levels and will also attend the session that best fits their next grade level** and/or coaching staff recommendations. The camp will be on vacation Thursday, July 2nd. Campers are encouraged to participate in family vacations or other summer camps .

Camper Name _____	Grade Level 2015-2016 _____
Address _____	Home Phone _____ - _____ - _____
Parent Name _____	Work Phone _____ - _____ - _____
	Cell Phone _____ - _____ - _____
Parent's Insurance _____	Policy # _____

PROGRAM SESSION TIMES:

Are you zoned to go to school at Seven Lakes High School? Please circle: YES or NO

Session 1 _____ 8-10 am—Advanced Camp (only-w/ approval from Campus Athletic Coordinator)

Session 2 _____ 9-11 am—Spartan Session Camp (9th-12th Grade)

Session 3 _____ 1-3 pm—Jr. High Camp (Reserved for 7-8th Gr) Current Jr. High School _____

Session 4 _____ 4-6 pm—Spartan Camp (9th-12th Grade)

Participant Signature _____ Parent Signature _____ Date _____

Payment Options:

ONLINE: via MyPaymentPlus (same site you pay for student lunch)

Cash or check payable to: KISD
Seven Lakes High School Attn: Athletics SAC Camp
9251 S. Fry Road Katy, TX 77494

Questions Contact:

Coach Lydell Wilson, Campus Athletic Coordinator
E-mail: lydellwilson@katyisd.org
Phone: 281-237-2940

No Refunds After June 15

Please complete and sign FRONT and BACK of registration

**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: _____