

Kamiakin Braves Youth Football Camp



“Expect to WIN!!!”

Who: K-8th Graders (Entering Fall of 2014)

Where: Lampson Stadium

When: June 23rd, 24th, and 25th

Time: 10:00-11:30 AM

Why: To help football players work on fundamentals of the game. This camp will be coached by all Kamiakin High Football coaches.

Cost: \$35 (Checks payable to: KaHS Boosters)

Name: _____ Birth date: ____/____/____

Age: _____ Grade in Fall 2014: _____

Address: _____ City: _____ Zip: _____

Phone (day): _____ (eve): _____

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**

Attn: Scott Biglin / Kamiakin Braves Youth Football Camp