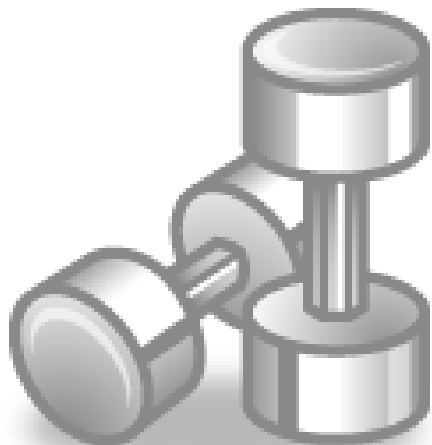


Kamiakin High School 29th Annual Summer Conditioning Camp Registration Form



Who: K-12th Grades (2014-2015 School Year)

When: June 30th-July 31st, Monday-Thursday

I: 8:00-9:30am (6th-12th Grade)

II: 10:00-11:00am(K-5th Grade)

Where: Kamiakin HS Weight Room w/Coach Biglin,
Coach Marquez, and Brave FB Players

Fee: \$50 (\$40 Each for two or more in a family)

Name: _____ Birth date: ____/____/____

Age: _____ T-Shirt Size: _____ 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**

Kamiakin High School

600 N. Arthur

Kennewick, WA 99336

Attn: Scott Biglin / 2014 Summer Conditioning Camp