



KAMIAKIN HIGH SCHOOL

Kamiakin High Soccer Camp

Date: July 14-17, 2013 (Mon-Thurs)
Time: 7:30am-9:30am
Who: Middle School through High School / Boys and Girls
Location: Lampson Stadium
Fee: \$125
Instructors: KaHS soccer staff

----- Cut on line and return with payment -----

Name: _____ Birth Date: _____ Age: _____
 Address: _____ City: _____ Zip: _____
 Phone: (Day) _____ (Evening) _____ (Cell) _____
 Parent/Guardian: _____ Grade: _____
 (check one/both) Session 1: _____ Session 2: _____

Make Checks Payable to: **Kamiakin Booster Club**

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. I give permission to have my child's photo taken during this program, which will be used solely by Kamiakin for promotional purposes. I hereby give my consent for emergency medical treatment. I understand this is to prevent undue delay and to assure prompt treatment, and that only a licensed physician will be engaged for such an emergency.

Parent's signature: _____ Date: _____

Return to: Kat Holle
 7001 W 10th Ave
 Kennewick, WA 99336

Questions? Call: (509) 586-8673 or e-mail: chrisherikson52@hotmail.com

Where did you hear about this camp? _____