



SEVEN LAKES HIGH SCHOOL 2019 STRENGTH & CONDITIONING CAMP

CAMP INFORMATION

Dates: Week 1: June 3rd - June 6th
 Week 2: June 10th - June 13th
 Week 3: June 17th - June 20th
 Week 4: June 24th - June 27th

Week 5: July 1st - July 3rd
 Week 6: July 11th & July 12th
 Week 7: July 15th - July 18th
 Week 8: July 24th & July 25th

Who: Incoming 7th-12th grade male & female student-athletes **Cost: \$125**
Students MUST have an approved KISD physical on file

CAMP GOALS

The Spartan Strength & Conditioning Camp is our annual 28 day program open to Katy ISD students of all sports 7th - 12th grades that are **zoned to SLHS**. Campers are put into **age/ability levels and will also attend the session that best fits their next grade level** and/or coaching staff recommendations. Campers are encouraged to participate in family vacations or other summer camps if needed.

Camper Name _____ Grade Next Year(2019-2020) _____

Address _____ Home Phone _____ - _____ - _____

Parent Name _____ Work Phone _____ - _____ - _____ Parent

Email _____ Cell Phone _____ - _____ - _____

Parent's Insurance _____ Policy # _____

PROGRAM SESSION TIMES:

Session 1 _____ 8-10 am— HS Spartan Camp Gender: M ___ F ___

Session 2 _____ 10 am-12 pm HS Spartan Camp Gender: M ___ F ___

Session 3 _____ 1-3 pm—Jr. High Camp

Session 4 _____ 4-6 pm—HS Spartan Camp

Circle or Type T-Shirt Size: Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL **Size** _____

Student Signature _____ Parent Signature _____ Date _____

Registration Information

ONLINE until May 31st *preferred: via MyPaymentPlus
<https://www2.mypaymentsplus.com/welcome>

By mail or bring form in person with Cash or check by May 24th payable to: KISD
 Seven Lakes High School
 9251 S. Fry Road Katy, TX 77494
 Attn: Athletics SAC Camp

Contact:
 Coach Jimmy Hamon
 Campus Athletic Coordinator
 JamesHamon@katyisd.org
 281-237-2840
 281-237-2940

** Attendance is strictly voluntary and not required for participation in the sport.

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: Summer Strength and Conditioning Camp.

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: _____