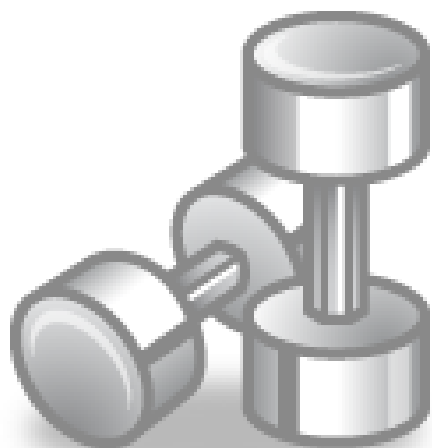


Kamiakin High School

32nd Annual Summer Conditioning Camp

Registration Form



Who: K-12th Grades (2017-2018 School Year)

When: June 26th-July 27th, Monday-Thursday

*No Camp the week of July 3rd-6th

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

*One day we will Hike Badger Mountain, w/activities TBD

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

Name: _____ Birth date: ____/____/____

Age: _____ T-Shirt Size: _____ Grade in Fall 2017: _____

Address: _____ City: _____ Zip: _____

Phone (day): _____ Email: _____

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 / 2017 Summer Conditioning Camp