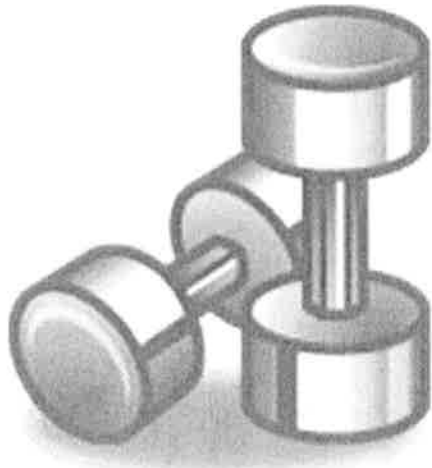


# Kamiakin High School 33<sup>rd</sup> Annual Summer Conditioning Camp Registration Form



**Who:** K-12<sup>th</sup> Grades (2018-2019 School Year)

**When:** June 25<sup>th</sup>-July 26<sup>th</sup> Monday-Thursday

\*No Camp the week of July 2<sup>nd</sup>-5<sup>th</sup>

I: 8:00-9:30am (6<sup>th</sup>-12<sup>th</sup> Grade)

II: 10:00-11:00am(K-5<sup>th</sup> 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 2018: \_\_\_\_\_

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 / 2018 Summer Conditioning Camp