



FUTURE HURRICANE

FOOTBALL CAMP



All 2nd, 3rd, 4th, 5th and 6th Graders
(grades applicable to the 2017-2018 school year)

Date: July 17, 2017- July 20th 2017 Time: 9:30am-11:30am Cost: \$45.00

Location: Ulrich Intermediate Game Field, 10103 Spring Cypress Rd, Houston, TX 77070

Attire: Athletic Shorts, T-Shirt, Cleats, Flats

Elementary Schools: Campers must currently live in a KLEIN CAIN High School attendance zone

Campers will go through offensive and defensive position drills with Klein Cain High School coaches. All campers will be insured and admitted with a parent liability waiver. Athletic Training staff will be on site.

Name: _____ Age: _____ Ph#: _____

Home Address: _____

Present School _____ Grade Aug 2017 _____

T-SHIRT SIZE: YS YM YL YXL (PLEASE CIRCLE SIZE)

MAKE CHECKS PAYABLE TO : FUTURE HURRICANE FOOTBALL CAMP \$45

*******FEES MUST ACCOMPANY APPLICATION CAMP WAIVER**

Mail to: Klein ISD Athletics Office 16607 Stuebner Airline Road Klein, TX 77379

ATT: FUTURE HURRICANE FOOTBALL CAMP

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of _____ agree to hold the Klein Independent School District, its' Board of Trustees, administration, coaches, and/or faculty, harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the KISD facilities. I herewith authorize the Athletic Director, coach and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Date: _____ Signature of parent or legal Guardian: _____

Camp Staff:

Camp Director: Coach James Clancy– Head Coach Camp Coaches: Klein Cain High School Coaching Staff

REQUIRED EMERGENCY INFORMATION

Name of Parent or Guardian: _____

Father's place of employment: _____ Ph #: _____

Work #: _____ Cell: _____

Mother's place of employment: _____ Ph #: _____

Work #: _____ Cell: _____

Family Physician: _____ Ph#: _____

Address: _____

List the name of person who can be contacted if a parent or guardian cannot be reached.

Name: _____ Phone #: _____

Work #: _____ Cell #: _____

Insurance Company: _____ Policy #: _____