

KLEIN CAIN S&C REGISTRATION FORM
ALL information must be filled out. Write legibly.

Name: _____ Age: _____ Ph# _____

Home address: _____

Email address: _____

Present school: OAK KLEIN DOERRE ULRICH KLEB Other: _____

School (Sept. 2017): CAIN DOERRE ULRICH KLEB Other: _____

Grade (Sept. 2017): 7th 8th 9th 10th

T-Shirt size: S M L XL XXL XXXL

Payment: Cash \$ _____ Check # _____

Name on check if different from child attending camp: _____

KISD WAIVER (MUST COMPLETE)

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, 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

_____ Street address of parent/legal guardian _____ City/State _____ Zip _____ Phone _____

EMERGENCY INFORMATION (REQUIRED)

Name of Parent or Guardian: _____

Father's place of employment: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Mother's place of employment: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Family Physician: _____ Office Phone No. _____

Address: _____ Emergency Phone No. _____

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

Name: _____ Phone No. _____

Work Phone No. _____ Cell No. _____

Insurance policy with: _____ Policy No. _____