

TAYLOR MUSTANG FRESHMAN FOOTBALL CAMP

WHEN: July 29-August 1 (Monday-Thursday) from 9:30 to 11:30 each day
WHERE: Taylor High School Field-house & Game-field
20700 Kingsland Blvd Katy, TX 77450
WHAT: Get a head start on your Freshman Football season
WHO: The Taylor HS Football Coaches will work with you
DRESS: Wear workout clothes and cleated shoes
COST: NONE
NOTE: Attendance at this camp is not mandatory



Brotherhood
Love
Uncommon
Effort

CONTACT IF QUESTIONS:
Chad Simmons
James E. Taylor HS
Call 281-237-9296 or E-mail: chadsimmons@katyisd.org

REGISTRATION

Name: _____ Birthdate: ____ / ____ / ____

Street Address: _____

City: _____ Zip: _____ Subdivision: _____

Home Phone: _____ Cell Phone: _____

Parent EMAIL ADDRESS: _____

Best Contact EMAIL ADDRESS: _____

**COMPLETE AND SIGN AGREEMENT ON SECOND PAGE
(Parent/Guardian Hold Harmless Agreement)**

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:

I understand if I am a member or a parent/guardian of a member of the **James E. Taylor Freshman Football Camp**, 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: _____