Registration Form

NAME:	AGE:
	(as of June, 2018)
SCHOOL:	GRADE:
	(as of August, 2018)
ADDRESS:	City Zip
	Cny Zap
PARENTS NAMES Mother	Father
	. Majorija
CONTACT NUMBERS:	Emergency Phone
ARE YOU ZONED TO GO TO SCHOOL AT TAYLOR HIGH SCHO	
ARE YOU ZONED TO GO TO SCHOOL AT TAYLOR HIGH SCHO	OL. Please circle yes or no.
TIME SI OTS, Cirola One	
TIME SLOTS: Circle One BIG MAC (Returning HS Only) 7:30 am to 9:30 am	
MAC (Incoming 9th grader s) 9:30 am to 11:30 am	
JUNIOR MAC (Incoming 7-8th graders) 11:30 am to 1:30 pm	
NIGHT MAC (Summer School/Work) 4 pm to 6 pm	
NIGHT MAC (Summer School/ work) 4 pm to 6 pm	
agree to indemnify and hold h	armless Katy Independent School District, any em-
ployee, administrator and/or board member from actions or lack of action regarding	
erty or any other medical condition resulting in my participation in the following ac	
	the District Institute of the
I understand if I am a member or a parent/guardian of a member of thenot cover any injuries sustained while participating in this event. Any and all med	the District Insurance doe
insurance carrier" if available.	dicar dame must be med with the participants private
I agree to indemnify and hold Katy Independent School District its trustees official claims against Katy Independent School District its trustees, officers, employees above-named person's actions while participating in this event.	icers, employees or agents harmless from any and a s or agents made by third parties which result from the
Furthermore, I hereby expressly release and agree to hold harmless on my beha	alf and on behalf of the above named person, the Kat
Independent School District, its trustees, officers, employees or agents from all c	claims or actions of whatsoever nature, in tort or in con
tract, that I or the above named person ever had, now has or may have in the trustees, officers, employees or agents which result from the above named person	
In consideration of the above-named person being permitted to participate in this otherwise be entitled, including but not limited to, claims for medical expenses and	is program, I expressly waive all claims to which I mad wages.
I recognize that the Katy Independent School District, its trustees, officers, employmental immunity under Texas Law. I understand that the Katy Independent Schare not waiving any sovereign or governmental immunity that it or they have under	nool District, its trustees, officers, employees or agent
I, the undersigned, have read this release and understand all its terms. I have expirite the influence.	executed it voluntarily and with full knowledge of its sig
Signature of Student	Date Signed
Printed Name of Student	
Signature of Parent/Guardian	Date Signed
orginature or maneroduardian	Date Signed

Mustang Athletic Conditioning

GRADE 7-12 Dates of CAMP

June 4, 2018-July 19, 2018

Off Week of July 4th

CAMP CHECK-IN

Monday, June 4, 2018 In the main entrance to the field house From 6 am-7 am (MAC) 9:00 am—9:30 am (Big MAC) 11:00 am—11:30 am (Junior MAC) 3:30 pm-4pm (Night MAC)

Pre-Registration can be mailed to: Mustang Athletic Conditioning Attention: Chad Simmons 20700 Kingsland Blvd. Katy, TX 77450

Or dropped off at the athletic office between the hours of 7:10 a.m. to 3:10 p.m. Monday through Friday. In order to register, you must have a signed registration form, a Katy ISD approved physical on file or a copy attached to your form and full camp payment on record. We will test immediately after check-in on the first day so come ready to lift and

CAMP PAYMENT

The camp payment is \$100.00. Full payment by check, cash or money order must accompany the registration form. No refunds for any reason will be given once a camper has registered. Checks are made to Katy ISD. You can also register and pay for the strength and conditioning camp using your student's MyPaymentsPlus account. Information about MYPaymentsPlus can be found on the parent resources tab at www.katyisd.org

CAMP INSTRUCTORS

Coach Simmons and his staff of Taylor Mustangs eagerly await meeting your child and giving them the foundations they need to help develop their athleticism. The staff has a wide range of expertise in sports and in the areas of speed development, fitness conditioning, and overall strength training.

> Success is a Choice! Choose to work hard ... choose to win.

WHAT TO EXPECT

Our goal is to give you the most information and instruction we can in six weeks to make you a more complete and fundamentally sound athlete. Instruction will focus on age appropriate speed fundamentals and weight lifting to maximize each player's natural ability. The Camp will be run by the Taylor High School Coaching Staff.

WHAT TO BRING

- Workout shorts & t-shirt
- Tennis shoes and cleats (preferred)
- Great Attitude
- Water will be provided

CONTACT INFO

Phone

(281) 237-4421

Fax

(281) 644-1763

E-mail: chadrsimmons@katyisd.org

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