Kilgore “Get Ready” Camp

July 25th-28th, 2016

**Dates: July 25th-28th, 2016**

 **Divisions: 6th-12th grade**

**Time: 7pm-9pm**

 **Please arrive at least 15 min early the first day.**

**Cost: $40.00 per player**

**This camp will consist mostly of group drills and match play.**

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**Registration Form**

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade (2016-2017): \_\_\_\_\_\_\_\_**

**Parent Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parental consent: I, the undersigned, certify that I am the parent, or the legal guardian of the above named camper. I give permission for the staff of this camp or Kilgore High School to seek and provide appropriate medical attention for the camper in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I waive, release, and discharge Kilgore ISD, Jason Maroney, all camp staff, and any of its representatives, from all rights and claims for damage or loss to person or personal property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to neglect. I certify that the camper is physically qualified to attend and participate in the camp registered for through this application.**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send payment to Jason Maroney at the following address:**

 **Jason Maroney**

 **906 Woodridge Cl.**

 **Longview, Tx. 75601**

**Checks should be made out to Jason Maroney.**

**Please have registration forms turned in 1 week before the camp, so we can have a good idea of number of kids attending, for staffing purposes.**