



Dance/drill team technique will be taught at this event for ages 4-10. It's a great chance for those interested in dance/drill team to improve their skills and learn an exciting routine to be performed at a Audie Murphy Basketball Game! This experience will help each participant gain confidence and provide an opportunity to work with the talented 2014-2015 **FALCONETTES!**

2015 FALCONETTE KIDS CAMP

DATE: Saturday, January 31, 2015

LOCATION: Audie Murphy Middle School Gym

TIME: 9:00 am – 3:00 pm (Registration starts at 8:30 am)

FEE: \$25 Prior Due by Friday, January 16th

(Includes t-shirt & snack – please bring a lunch)

Checks should be made payable to Audie Murphy Middle School

If you have any questions, contact Ms. Boucher at Angel.Boucher@killeenisd.org or at (254) 336-6530.

Kids Camp participants will perform their routine during half time of Team B at the game on Thursday, February 5th.

R Participant Name: _____ Age: _____ School: _____
E Parent Name: _____ Home Phone: _____
G Mailing Address: _____ City: _____ State: _____
I In case of emergency call: _____ Phone: _____
S Email Address: _____ T-Shirt Size: __CS __CM __CL __AS __AM __AL

Killeen Independent School District Release of Liability for Student Participation

T I, _____ agree to allow my child, _____
R to participate with a group or individual associated with the Killeen Independent School District and agree to assume any and all
A liability and hold the District, its Trustees, employees, and agents harmless from all claims or actions which I or my child ever had,
T now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her
I participation in this activity. I expressly waive all claims to medical expenses, loss of services, or other claims to which I may
O otherwise be entitled and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims
N made by third parties against it or them which result from my child's actions. I understand that the District, its Trustees, employees,
and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and
understand this release and sign it voluntarily and with full knowledge of its significance. The activity, which this release applies to,
is the *AMMS Kangarette Kids Camp* to be held at *Audie Murphy Middle School* on *Saturday, January 31, 2015* and the performance
to be held at *Audie Murphy Middle School Gym* on *Thursday, February 5th at 5:30 pm.*

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

For Office Use Only: Cash Paid \$ _____ Check Amount Paid: _____ Check No: _____