



Deer Valley  
Unified School District  
NO. 97

**MOUNTAIN RIDGE HIGH SCHOOL  
COMMUNITY SCHOOLS**

**VOLLEYBALL CAMP**

**Begins Nov. 26<sup>th</sup> Ends Feb. 1<sup>st</sup>**

**9<sup>th</sup>-12<sup>th</sup> Graders Cost: \$125**

**Mon-Fri** (Dates/Times will vary each week)

(Players will need to check the schedule each week for specific dates and times for the week)

**INSTRUCTORS: Mountain Ridge Men's Volleyball Staff**

*For the health & safety of our students, the DVUSD also provides information to a free on-line course regarding player concussions.*

*For information on the free "BRAINBOOK" Concussion On-line Course, go to: <http://aiaacademy.org/>*

FOR ANY CAMP QUESTIONS CONTACT Coach Williams at: [jeff.williams@dvusd.org](mailto:jeff.williams@dvusd.org)

**REGISTRATION FORM: Register at the Mountain Ridge Bookstore or mail check to:**

Mountain Ridge high school, attention bookstore, 22800 N. 67<sup>th</sup> Ave, Glendale, AZ. 85310

**PARTICIPANT'S NAME:** \_\_\_\_\_ **PARTICIPANT'S cell:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Parent/Guardian's NAME:** \_\_\_\_\_ **PARENT CELL:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Parent 2<sup>nd</sup> Cell/Work #:** \_\_\_\_\_

To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participant must have medical insurance to participate.)

**PARENT/GUARDIAN/PARTICIPANT (if over 18) SIGNATURE:** \_\_\_\_\_

**INSURANCE COVERAGE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

The Deer Valley Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Any inquires regarding nondiscrimination policies may contact the Superintendent's Office, 20402 N. 15<sup>th</sup> Avenue, Phoenix, Arizona 85027. 623.445.5000.

\*Camp Times or Days may be changed or cancelled due to gym availability

# The “BRAINBOOK” Concussion On-line Course

If you want to completed this course:

1. Go to <http://aiaacademy.org/>
2. Select Concussion – Brainbook picture
3. Register as a student
4. Enter Demographic Information
5. Select a sport for this season and include all future sports & Mountain Ridge h.s.
6. Complete the course with a passing score