

MOUNTAIN RIDGE HIGH SCHOOL  
Community Schools  
**2018-2019 CROSS COUNTRY WINTER CAMP**

All Students must complete the BRAINBOOK Concussion Class prior to registration. Once completed, it is valid until the end of the athlete's career for all Arizona schools. Please attach a copy of the certificate to this flyer.

If you have not completed this class you will need to register online at [aiaonline.org](http://aiaonline.org), complete the course and attach a copy of the certificate to this flyer.

**WHEN:** November 27 – January 31 (TUES, WED, THURS)  
**WHERE:** Mountain Ridge High School Gym (in front)  
**TIME:** 2:45pm – 4:00pm  
**COST:** \$25

**REGISTRATION FORM**

PARTICIPANT'S NAME: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
COURSE TITLE: \_\_\_\_\_

**Make checks payable to MRHS-return this form to the:**  
**MRHS BOOKSTORE 22800 N. 67<sup>th</sup> Ave., Glendale, Arizona 85310**  
**For information call 623-376-3070**

**CHECKS ONLY- NO CASH ACCEPTED- NO REFUNDS/NO MULTIPLE STUDENT DISCOUNTS**

**ATTENTION!**

Please turn flyer over and complete the registration process with required insurance information and procedure guidelines.



Deer Valley Unified School District No. 97

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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.)

NAME OF PARTICIPANT: \_\_\_\_\_

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 or activities. Any inquires regarding nondiscrimination polices may contact Legal Services 623-445-5000.



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