WINTER 2018-2019

MOUNTAIN RIDGE HIGH SCHOOL COMMUNITY SCHOOLS GIRLS' BADMINTON CAMP

WHEN: November 27, 2018; December 4, 2018; December 17, 2019; January 8, 2019;

January 22, 2019; January 29, 2019

TIME: 2:30 PM – 4:00 PM each day

COST: \$15.00

INSTRUCTORS: Tim Rosinbum

BRAIN BOOK: If you did **not** play badminton last season, you must bring a printout of

your brain book certificate. Go to https://mrhs.dvusd.org and click on the ATHLETICS tab for directions on how to do this. If you need to, please contact me at timothy.rosinbum@dvusd.org for help.

REGISTRATION FORM

Parent/Guardian:	PARTICIPANT'S NAME: _			
City: State: Zip: 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 the 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:				
Home #: 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 to 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:	Home Address:			
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POLICY NUMBER: GROUP #	INSURANCE COVERAGE CO	MPANY:		
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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 polices may contact the Superintendent's Office, 20402 N. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.

