



MOUNTAIN RIDGE HIGH SCHOOL

COMMUNITY SCHOOLS CAMP

BOY'S BASKETBALL CAMP WORKOUTS/GAMES

Begins March 4th - Ends May 21st

8th-12th Graders Monday – Friday Cost: \$60

1-2 HOUR SESSIONS

(Check Eli Lopez's staff webpage on the Mountain Ridge website for detailed times)

***Monday, March 4th 2:30 Players will be evaluated and placed in a Beginning, Intermediate or Advance group.**

(8th graders will begin at 4:00pm on Monday, March 4th)

INSTRUCTORS: Eli Lopez, Jason Pasinski, Brad Baker, Jason Girnius, Ed Eberth, David Taylor

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 Lopez at: eli.lopez@dvusd.org

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

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

PARTICIPANT'S NAME: _____ **PARTICIPANT'S cell:** _____

EMAIL: _____ **GRADE:** _____

Parent/Guardian's NAME: _____ **PARENT CELL:** _____ **2ndCELL:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Parent 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. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.

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