



**MOUNTAIN RIDGE HIGH SCHOOL
COMMUNITY SCHOOLS**

SUMMER BASKETBALL CAMP

Tuesday May 28th – Thursday June 27th, 2019

Our *Mission* is to provide guidance and positive motivation to players who are called to be elite student athletes. Our *vision* is to instill confidence, competitiveness, respect and self-discipline while building a foundation of fundamental basketball skills and knowledge that the academic athlete can build upon to reach the elite levels of youth sports and beyond.

The Mountain Ridge basketball program is unique in providing a safe, positive learning environment for boys and girls focused on developing excellence. The age-appropriate setting maximizes learning and fun, while building the skills and character of all participants.

The Camp Covers: *Individual Fundamental Skills, Shooting & Scoring, Team Concepts, Defense & Games!*
(grade based on 2019-2020 school year)

\$200	5 th -6 th	Graders	8:15-9:45am	(Mon, Tues, Wed, Thurs)
\$200	7 th -8 th	Graders	8:15-9:45am	(Mon, Tues, Wed, Thurs)
\$200	9 th -12 th	Graders	10:00-11:30am	(Mon, Tues, Wed, Thurs) Beginning/Intermediate
\$200	9 th -12 th	Graders	tbd	(Mon, Tues, Wed, Thurs) Advanced Placement

INSTRUCTORS: **Eli Lopez** (Former ASU Player & Assist. ASU Coach), **Jason Girnius** (Former College Player-Albany, NY), **Jason Pasinski, Brad Baker, Jay Prey, 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 Going into: _____

Parent/Guardian's NAME: _____

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

The “BRAINBOOK” Concussion On-line Course

If you have not 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
7. Print Certificate and bring it to Coach Lopez