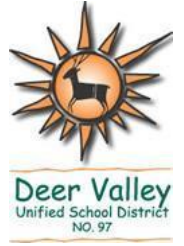




MOUNTAIN RIDGE HIGH SCHOOL COMMUNITY SCHOOLS

Little Lions

POM CAMP 2019



CAMP:

WHEN: Saturday, September 7th, 2019 – 8:00AM – 10:00AM
Check in begins at 7:30 a.m.

WHERE: MRHS Gymnasium

AGES: Kindergarten – 8TH Grade

COST: \$40.00

INCLUDES:

- Instruction by the Mountain Ridge Varsity Pom Team
- T-shirt & hair bow!
- Halftime performance at MRHS Varsity Football game Friday, September 13th
(free admission for Pom camp participant & 2 guests)

REGISTRATION INFORMATION:

- Step 1 - Go to mrhs.dvusd.org > Athletics > Athletics Home > Spiritline for information and to download Registration Form.
- Step 2 – Bring payment, completed Registration Form and **AIA BRAINBOOK Certificate** (see below), to MRHS Bookstore (or give to MRHS Pom member) no later than **August 30th, 2019**. AIA Brainbook certificate is ONLY needed for 6th – 8th graders.
- If you have previously completed a Brainbook Certificate, you will need to print out a copy of your certificate and attach to the registration form.
(6th -8th grade ONLY)
- Any questions? Please email MRHSPOM@gmail.com

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 inquiries regarding nondiscrimination policies may contact the Superintendent's Office, 20402 N. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.

For 6th – 8th graders ONLY *AIA BRAINBOOK** Certificate must be on file. If new to MRHS must be attached with registration in order to participate. **NO EXCEPTIONS.**

Go to: <http://aiaacademy.org/>

Select Concussion – Brainbook

Register as a Student

Enter demographic info

Select Spot this season and any season in the future

Complete **FREE** course with a passing score

Print Certificate and attach it to the camp registration form



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POM CAMP 2019

REGISTRATION FORM

Camp Fee of \$40 is non-refundable

PARTICIPANT'S NAME: _____

Parent/Guardian: _____

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

Phone #: _____ **Email:** _____

Current School Grade: _____ **Referred by:** _____

Please Circle Shirt Size: Youth: S M L XL Adult: S M L XL

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 #** _____

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