



# MOUNTAIN RIDGE HIGH SCHOOL

COMMUNITY SCHOOLS CAMP

## POM CLINIC

**Date of Clinic: April 7<sup>th</sup> & 8<sup>th</sup>**

**Tryout date: April 9<sup>th</sup>**

**(incoming freshmen tryouts will be late July/early August)**

**8<sup>th</sup>-11<sup>th</sup> Graders 4pm-6pm.....Cost: \$40**

**INSTRUCTORS: Becky Lopez & Megan Nolen**

### ***\*REQUIREMENT FOR ATTENDANCE\****

***AIA requires each participant to complete a free on-line "brainbook" course regarding player concussions. This is mandatory and must be completed and passed. You will only need to take this one time, not each year. After completing the test, please print out the certificate and turn it in, along with this registration form, to the mrhs bookstore. See the back for details on the brainbook course.***

FOR ANY QUESTIONS CONTACT Coach Lopez at: [becky.lopez@dvusd.org](mailto:becky.lopez@dvusd.org)

CHEER QUESTIONS - Coach Morrison at: [Ridgevarsitycheer@gmail.com](mailto:Ridgevarsitycheer@gmail.com)

### **REGISTRATION FORM: Register at the MRHS Bookstore, bring brainbook certificate**

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

**PARTICIPANT'S NAME:** \_\_\_\_\_ **PARTICIPANT'S cell:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **GRADE in SCHOOL:** \_\_\_\_\_

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

\*Camp Times or Days may be changed or cancelled due to availability. \*NO REFUNDS \*NO PRORATED RATES

# The “BRAINBOOK” Concussion On-line Course

Directions for completing the AIA Brainbook Concussion Course:

1. Go to <http://www.aiaonline.org/>
2. Click on “AIA academy” link on the top of the page to get to the “Brainbook” webpage
3. Register as a student
4. Complete the course with a passing score
5. Print certificate and bring it to the bookstore when registering