

**MOUNTAIN RIDGE HIGH SCHOOL  
COMMUNITY SCHOOLS  
Preseason Wrestling Camp**



**WHEN:** September 8th – October 29th  
**Skip Oct 13 , Oct 22**  
**WHERE:** Mountain Ridge High School--Wrestling Room  
**Wrestling:** Tuesdays and Thursdays 4:00 PM to 5:30 PM

**Brain Book Certification must be completed and on file prior to any participation!!**  
<http://aiaacademy.org/>  
**New Athletes must attach form. No Exceptions!!**

**COST:** \$20

**Limited to the first 75 wrestlers**

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**REGISTRATION FORM**

PARTICIPANT'S NAME: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parents Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
COURSE TITLE: \_\_\_\_\_ Preseason Wrestling Camp

**Make checks payable to MRHS – Return this form to: MRHS Community Schools,  
22800 N. 67<sup>th</sup> Ave, Glendale, Arizona 85310.  
For information call 623-376-3070**

**CHECKS ONLY – NO CASH ACCEPTED**

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 # \_\_\_\_\_

The Deer Valley Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities. Any inquires regarding nondiscrimination polices may contact Legal Services 623-445-5000.