

Fall 2020
MOUNTAIN RIDGE HIGH SCHOOL
COMMUNITY SCHOOLS
GIRLS SOCCER CAMP

WHEN: October 20, 21, 27, 28, 29 November 3, 4, 5
Where: Weight Room, Track, and Practice Field. (Bring Cleats and Running Shoes)
TIME: 3:00 PM – 4:00- PM
COST: \$40.00
INSTRUCTORS: Peter Evans, Zac Ostrand, Gina Cormier
BRAIN BOOK: If you did **not** play or try out for soccer last season at MRHS, you must attach a printout of your brain book certificate. Go to aiaacademy.org. If you need help, please contact me at Peter.Evans@dvusd.org

*All athletes must bring their own filled water bottle to camp each day. Masks must be worn to and from practice. Athletes should bring a backpack or bag to hold their water and mask during practice.

REGISTRATION FORM

PARTICIPANT'S NAME: _____
Parent/Guardian: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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.)

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 and activities. Any inquires regarding nondiscrimination polices may contact the Superintendent's Office, 20402 N. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.





COVID-19 WAIVER

Deer Valley Unified School District Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and as parent and lawful guardian of my minor child, _____, I hereby give permission for my child to participate in athletic activities located at one of the five Deer Valley Unified School District high schools (Barry Goldwater, Boulder Creek, Deer Valley, Mountain Ridge, or Sandra Day O'Connor). My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with DVUSD athletic activities on a school campus. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in athletic activities including, but not limited to, the risks associated with the novel COVID-19 or similar type virus. I understand that my child will be associating with staff, volunteers, and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in DVUSD athletic activities. To minimize risk of exposure to COVID-19, DVUSD staff will follow the best practices recommended by federal, state and county health officials. I understand, however, that these precautions are not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

While reasonable supervision will be provided, staff/volunteers cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in athletic activities, which may not have a medical professional on staff. I will notify the school and not send my child to athletic activities if my child develops a fever or illness or tests positive for COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind, including serious injury or death, against DVUSD athletic activities, the school where my child attends, the Deer Valley Unified School District, its insurers, the district's governing board, and all of the irrespective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my child's participation in DVUSD athletic activities. Including but not limited to exposure to the COVID -19 virus as we are assuming that risk.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature: _____ Date: _____