

**JUNE 7-10 SUMMER CAMP I 2021**  
**MOUNTAIN RIDGE HIGH SCHOOL**  
**COMMUNITY SCHOOLS**  
**GIRLS' BADMINTON SUMMER CAMP**

WHEN: June 7, 2021-June 10, 2021  
TIME: 12:00 PM – 3:00 PM each day  
COST: \$30.00

INSTRUCTORS: Tim Rosinbum

BRAIN BOOK: If you did **not** play badminton last season, you must bring a printout of your brain book certificate. Go to <https://mrhs.dvUSD.org> and click on the **ATHLETICS** tab for directions on how to do this. If you need to, please contact me at [timothy.rosinbum@dvUSD.org](mailto:timothy.rosinbum@dvUSD.org) for help.

**REGISTRATION FORM**

PARTICIPANT'S NAME: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
**Summer Camp Player T-Shirt Size:** 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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