



MOUNTAIN RIDGE HIGH SCHOOL

CROSS COUNTRY

SUMMER RUNNING & SUMMER CAMP

SUMMER RUNNING

WHERE: Mountain Ridge High School
WHO: 6th – 12th Grade
WHEN: May 31st – July 30th
 (NO RUNNING WEEK of JULY 4th – 10th)
 High Schoolers: Monday – Friday
 6th – 8th Grade: Monday, Wednesday, Friday
TIME: 5:30 AM – 7:00 AM
COST: \$75.00 (Make checks payable to MRHS)

SUMMER CAMP

(In Addition to Summer Running)
WHERE: Mountain Ridge High School
WHO: 6th – 12th Grade
WHEN: June 2nd – 4th
TIME: 5:30 AM – 9:30 AM
COST: \$75.00 (Make checks payable to MRHS)

All students must complete the BRAINBOOK Concussion Class prior to camp registration. You can register for this class online at aiaonline.org. Once completed, it is valid until the end of the athlete's career for all Arizona schools. Please attach a copy of the certificate to this flyer.

REGISTRATION FORM

PARTICIPANT'S NAME: _____ **GRADE:** _____ **SHIRT SIZE:** _____

PLEASE SELECT: Summer Running (\$75) _____ Summer Camp (\$75) _____ Both (\$150) _____

Parent/Guardian: _____

Home Address: _____

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

Phone #: _____ **E-mail:** _____

Make checks payable to MRHS
CHECKS ONLY – NO CASH ACCEPTED – NO REFUNDS - NO MULTIPLE STUDENT DISCOUNTS
Return this form to: MRHS Community Schools, 22800 N. 67th Ave., Glendale, Arizona, 85310
For Information call: 623-376-3070



MOUNTAIN RIDGE HIGH SCHOOL COMMUNITY SCHOOLS

CROSS COUNTRY SUMMER RUNNING & SUMMER CAMP

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 names 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 judgement 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 Number: _____

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 inquiries regarding nondiscrimination policies may contact Legal Services 623-445-5000.

