



Deer Valley
Unified School District

Softball CAMP

DATES: Monday, August 7th - Thursday, August 10th

TIME: 3:30 – 5:15 p.m.

AVAILABLE FOR STUDENTS: 7th and 8th grade

COST - \$30 PER STUDENT

REGISTRATION FORM

PARTICIPANT'S NAME: _____ Grade _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

COURSE TITLE: Softball Camp

Pay Online through Sierra Verde website – Athletics
Return this form and copy of payment to: Mrs. Cullen (room 415)
For information call 623-376-4853
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.