



Cross Country Club

DATES: August-October 2019

AVAILABLE FOR ALL STUDENTS GRADE 5-8

COST - \$60 PER STUDENT

REGISTRATION FORM

PARTICIPANT'S NAME: _____

Parent/Guardian: _____

Email address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

COURSE TITLE: Cross Country

Make checks payable to Canyon Springs

Return this form to: Quinn Bushnell or Jennifer Dillon for more information email

quinn.bushnell@dvusd.org or jennifer.dillon@dvusd.org

NO CASH ACCEPTED - CHECKS ONLY

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