

REGISTRATION FORM: Register at the Mountain Ridge Bookstore or mail

check to:

Mountain Ridge high school, attention bookstore,
22800 N. 67th Ave, Glendale, AZ. 85310
Camp Cost: \$150 per athlete

FOR ANY **YOUTH** CAMP QUESTIONS CONTACT
Coach Watts at: ashley.watts@dvusd.org

FOR ANY **HIGH SCHOOL** CAMP QUESTIONS
CONTACT Coach Carreon at:
jaime.carreon@dvusd.org



TWO FALL CAMP SESSIONS

The school year is almost here and that means it's time for fall basketball! This fall we plan to get our girls in the gym and prepare for their upcoming basketball seasons this winter and spring. Through learning offenses, defensive principles, and fundamental skill work, athletes will be pushed and challenged to better themselves. Players will be introduced to the Ridge culture and work with our current players and coaches.
Camp is open to every skill level!

HIGH SCHOOL	5TH-8TH GRADE
AUG 9 - OCT 21ST	AUG 9 - OCT 21ST
TUES / THURS / FRI	TUES / THURS / FRI
5:30-8:30 PM	4:30 -5:30 PM

Mark **ONE** selection below:



PARTICIPANT'S NAME: _____ PARTICIPANT or PARENT cell: _____

EMAIL: _____ GRADE: _____

Parent/Guardian's NAME: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Parent Cell/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. (Participants must have medical insurance to participate.)

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 inquiries regarding nondiscrimination policies may contact the Superintendent's Office, 20402 N. 15th Avenue, Phoenix, Arizona 85027. 623.445.5000.

*Camp Times or Days may be changed or canceled due to gym availability

The "BRAINBOOK" Concussion On-line Course

If you have not completed this course:

1. Go to <http://aiaacademy.org/>
2. Select "GET STARTED"
3. Register for a AZ Preps account
4. Add a student, then select a sport for this season and include all future sports & Mountain Ridge h.s.
5. Proceed to Courses
6. Complete the BRAINBOOK course with a passing score
7. Print Certificate and bring it to Coach Watts at the start of camp.



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 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 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 fall athletic activities, which may not have a medical professional on staff. I will notify the school and not send my child to fall 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 athletic activities, the school where my child attends, the Deer Valley Unified School District, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my child's participation in 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 _____