

Mountain Ridge High School Community Schools
SUMMER FOOTBALL STRENGTH/CONDITIONING CAMP

WHEN: May 28th – July 18th (No camp July 1st – 5th)

WHERE: Mountain Ridge Weight Room and Mountain Ridge Practice Field

TIME: Select **one** session from the following list:

Session 1: (Varsity/JV)	6:30am – 8:00am
Session 2: (Varsity/JV)	7:30am – 9:00am
Session 3: (Freshman)*	8:30am – 10:00am
Session 4: (YOUTH)**	10:00am – 11:00am

*Session dedicated for incoming 9th graders only

**Session dedicated for 6-8th graders. Introductory lifting and running techniques.

COST: \$150 (If not already paid through Charms)

Payment is due to the bookstore if paying by cash or check. Tax Credits will be marked as paid in your Charms account.

*****AIA BRAINBOOK Certificate must be on file. If new to MRHS, it must be attached with this registration form in order to participate in the camp. There will be no exceptions. Go to aiaacaemy.org to complete this course.**

REGISTRATION FORM

PARTICIPANT'S NAME: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

THIS CAMP IS NON-REFUNDABLE

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 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: _____

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 AZ 85027. (623) 445-5000

