



**MOUNTAIN RIDGE HIGH SCHOOL
COMMUNITY SCHOOLS**

MENS FALL BASKETBALL CAMP

TUESDAY AUGUST 20TH – THURSDAY OCTOBER 24TH

Vision:

Create an atmosphere of enjoyment where adversity and challenges are met, while building friendships that last a lifetime.

Philosophy:

Compete with relentless effort, outstanding character, toughness and a passion for the game. Our hope, is to positively impact the players in our program both on and off the court.

Our fall mens basketball skills development camp consists of fundamental skill development and playing basketball. This camp is for current and incoming Mountain Ridge High School students only.

Fall Basketball Skills Development:

Days: Tuesday and Thursday *(starting Thursday August 22nd)*

6th - 8th grade - 5:30pm - 6:45pm

9th grade - 6:45pm - 7:45pm

10th - 12th grade - 7:45pm - 8:45pm (may be moved to 6:15am - 7:15am)

****Times are subject to change****

Fall Basketball Skills Development Cost:

9th - 12th grade - \$100

6th - 8th grade - \$75 (if you are interested in participating with Relentless Basketball let Coach Marcus know)

****If you have questions email or see Coach Marcus (craig.marcus@dvusd.org)****

Please Complete and include the following:

- *Camp registration (this form) - All participants*
- *For current and incoming Mountain Ridge students only*
- *Enrolled as a student at Mountain Ridge High School*
- *Have the Fall Activities Waiver, Release, and Assumption of Risk Form completed - all participants*
- *Register on registermyathlete.com - for current MRHS students/incoming freshman (2024 - 2025 school year)*

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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

NAME (PLAYER): _____ **AGE:** _____
CURRENT GRADE: _____ **T-SHIRT SIZE:** _____
CONTACT NAME (PARENT/GUARDIAN): _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE NUMBER: _____ **EMAIL:** _____

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.)

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

Camp Times or Days may be changed or cancelled due to gym availability

For the health & safety of our students, the Deer Valley Unified School District provides information to a free on-line course regarding player concussions.

For information on the free "BRAINBOOK" Concussion On-line Course, follow the guidelines below.

If you have not completed this course:

1. Go to <https://academy.azpreps365.com/>
2. Select Concussion – Brainbook picture
3. Register as a student
4. Enter Demographic Information
5. Select a sport for this season and include all future sports & Mountain Ridge H.S.
6. Complete the course with a passing score
7. Upload Certificate to registermyathlete.com

FOR ANY ADDITIONAL QUESTIONS PLEASE E-MAIL COACH MARCUS. (CRAIG.MARCUS@DVUSD.ORG)

MOUNTAIN RIDGE MENS BASKETBALL WEBSITE: (HTTPS://BIT.LY/2XU7VUJ)

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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 fall 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 fall 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 fall 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 fall 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, fall activities 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 fall 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 fall 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 _____