Deer Valley
Unified School District

2026 CROSS COUNTRY SUMMER TRAINING CAMP

High School (grades 9-12):
June 8th–July 2nd (Mon-Thurs) + July 6th–Aug 1st (Mon-Sat)

Middle School (grades 5-8):
June 9th–July 2nd (Tues-Thurs) + July 8th–July 31th (Tues-Fri)

Time: 6:00AM at the BCHS Track Stadium

Cost:
High School: $65 per month or $120 full summer
Middle School: $60 per month or $100 full summer

Bring this form to: Coach Zach Walling at your first practice session.
Register by June 5th online at https://az-deervalley.intouchreceipting.com/
Select: *District->High School->Boulder Creek High School->Athletics->Cross Country*
Questions? Contact Coach Zach Walling at zachary.walling@dvusd.org

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REGISTRATION FORM

PARTICIPANT'S NAME:_____ Grade:_____

Parent/Guardian:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home #:_____ Work #:_____

COURSE TITLE:_____BCHS Cross Country SummerTraining_____

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

DEER VALLEY
Unified School District

District Office
20402 N 15th Ave.
Phoenix, AZ 85027
623-445-5000 Phone
623-445-5086 Fax
www.dvusd.org

Superintendent
Curtis Finch, PhD

Governing Board
Steve Bottfeld
Paul A. Carver Jr.
Kimberly K. Fisher
Dr. Karen C. Pack
Stephanie Simacek

DVUSD Athletics Off Season Practices, Camps & Clinics Waiver Form

Date: _____ School: _____

Student Name: _____

Activity: _____

By my signature below, I, as parent or legal guardian of the student named above ("the Student"), am confirming that I understand and agree to the following terms of participation for the Student to attend all DVUSD Athletics Off Season Practices, Camps and Clinics ("Clinic") and participate in the activity ("the Activity") noted above.

Parent's Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student's participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware of the hazards associated with athletic activities and nonetheless am providing my permission for the Student to participate in the Activity. **I agree to accept these risks as a condition of my child's participation in this program.**
- I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.

Parent's Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.

I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: _____
Parent Signature: _____