

MOUNTAIN RIDGE SUMMER

FOR INCOMING FRESHMEN

SCHEDULE:

**June 2nd, June 6th, June 9th, June
13th, June 16th, June 23rd**

June 2nd: 5pm-7pm

June 6th : 8am-10pm

June 9th : 5pm-7pm

June 13th : 8am-10am

June 16th : 7am-9am

June 23rd : 7am-9am

(MRHS Dance Room)

Scan the QR code for payment
COST: \$120 PER STUDENT
**** Please pay on GoFan**



PAYMENT DUE JUNE 1st!



DEER VALLEY
Unified School District

District Office

20402 N 15th Ave.
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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: _____

Graduating lifelong learners who will successfully lead, compete, and positively impact the world.