

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: _____

Grade going into: _____ 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.)

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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 summer 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 summer 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 summer 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 summer 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