



# Paradise Valley Trojans

## INCOMING FRESHMAN

# FOOTBALL CAMP



Are you wanting to get a jump start on getting to know the Trojan coaching staff and the skills that you need for high school football? This camp is designed to develop relationships with the Trojan coaching staff and introduce the scheme and skills of Paradise Valley Football. Come out and join us as we work through drills and skills that will not only introduce Trojan Football, but will also improve current skills. Character, discipline, toughness and academic excellence is the focus of our program and we would love for you to join us in this camp that introduces all of those characteristics. Please contact Coach Davis with any questions at [GrDavis@pvlearners.net](mailto:GrDavis@pvlearners.net).

Location	Room	Grade	Dates	Time	Fee
Paradise Valley HS	Football Field	All current 8th Graders	May 6 - 9th	7:00 - 8:30 p.m.	\$65



CUT ON DOTTED LINE AND RETURN COMPLETED FORM WITH PAYMENT TO COMMUNITY EDUCATION

## PV Schools Community Education Enrichment Registration Form

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Home School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Transportation:  Parent Pick-up  Walk Home  Child Care  Other \_\_\_\_\_ (Please send written notice if your child's way home changes)

Code	Name of Clinic	Grades	Location	Dates	Fee
CS1146	Incoming Freshman Football Camp	8	Football Field	May 6 - 9th	\$65

**You may register one of the following ways (registration and payment must be received at least three business days prior to start date):** ① Register online at [pvschools.net/summer](http://pvschools.net/summer) ② Call Community Education at 602-449-2200/2201/2202 with VISA or MasterCard ③ Bring or mail registration form and payment to Community Education, 15032 N. 32nd St., Phoenix, AZ 85032. Office hours are Monday-Friday, 8:00 a.m. - 5:00 p.m. You are enrolled upon receipt of payment. Refunds are available until start of session and include a \$25.00 fee. A full refund and notification will be given only if classes are cancelled.

Payment Type:  Cash  Check# \_\_\_\_\_ (Make checks payable to Community Education)

VISA  MasterCard Card# \_\_\_\_\_ Exp. \_\_\_\_\_ CCV \_\_\_\_\_ Signature \_\_\_\_\_

MEDICAL RELEASE/APPROVAL

First/Last Name of Participant \_\_\_\_\_

Past Health \_\_\_\_\_

Past Injuries \_\_\_\_\_

Present Health \_\_\_\_\_

Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

**Please read carefully:** I hereby authorize the Directors of the program to act for me in any emergency requiring medical attention. I agree to treatment by a licensed physician while attending this program and to assume all costs related to such treatment. I waive and release any and all rights and claims I have against Paradise Valley Unified School District or its representatives for damages which may be sustained by me/my child.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

