

HIGH SCHOOL FOOTBALL

Prep Camp



This camp will prepare current 7th and 8th graders to play high school football by teaching a variety of football-related skills in two sections.

Session 1: Lifting

Tuesdays and Thursdays, March 3rd - April 23rd (14 days; NO CAMP DURING SPRING BREAK)

Session 2: Spring Practice*

Mondays thru Thursdays, April 27th - May 14th

This camp will be broken down into 2 sessions. Session 1 is focused on lifting technique and strength training development, and Session 2 is focused on football skill work and team concepts.

Camp will be instructed by Head Coach Dana Zupke and the Pinnacle High School Football Staff. *Questions?* Contact Coach Zupke at dzupke@pvschools.net.

Name of Camp	Location	Gr.	Days	Dates	Times	Fee
Pinnacle High School Football Prep Camp	Weight Room & Stadium Field	7-8	Session 1: Tu & Th, and * Session 2: M-Th	Session 1: 3/3 - 4/23 and * Session 2: 4/27 - 5/14	Session 1: 5:00 p.m. - 6:00 p.m. and * Session 2: 6:00 p.m. - 8:00 p.m.	\$100

Camp will not meet on 3/17 or 3/19.



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

PVSchools 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 Camp	Grade	Days	Dates	Times	Fee
CS1016	PHS High School Football Prep Camp	7-8	Session 1: Tu & Th, and * Session 2: M-Th	Session 1: 3/3 - 4/23 and * Session 2: 4/27 - 5/14	Session 1: 5:00 p.m. - 6:00 p.m. and * Session 2: 6:00 p.m. - 8:00 p.m.	\$100

You may register one of the following ways (registration and payment must be received at least 24 hours prior to start date): ① Register online at www.pvschools.net/enrichment 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# _____ CCV _____ Exp. _____ 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 _____

