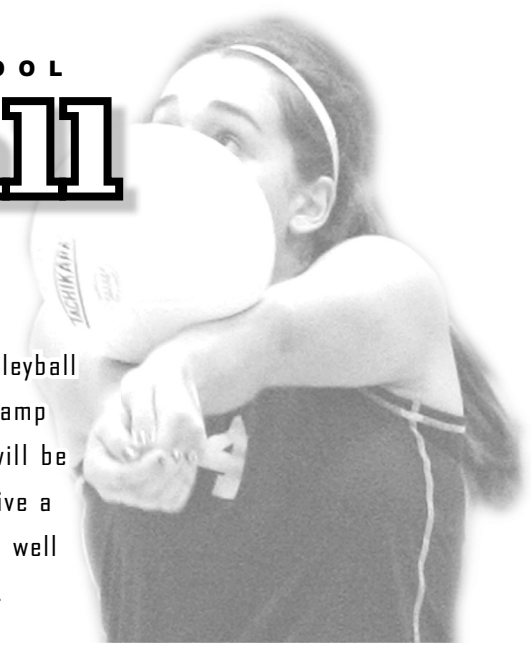


PARADISE VALLEY HIGH SCHOOL

# Volleyball Camp



This unique camp will specialize in the fundamental aspects of the game of volleyball with use of drills that will further develop basic skills as well as fitness. The camp will culminate in a fun, game-like atmosphere where the new skills learned will be applied. This camp will accommodate all skill levels. Each participant will receive a camp T-shirt. The 6:00-7:30pm session is for advanced 7th and 8th graders as well as high school athletes. Questions? Contact Evan Sedillo at **(602) 320-2802**.

Location	Room	Grade	Day(s)	Session I	Day(s)	Session II	Time	Fee
PVHS	Small Gym	4-6	Tues-Fri & Mon-Thurs	6/1-6/4 & 6/7-6/10	Mon-Thurs	6/14-6/24	3:00-4:45pm	\$120
PVHS	Small Gym	7-8	Tues-Fri & Mon-Thurs	6/1-6/4 & 6/7-6/10	Mon-Thurs	6/14-6/24	5:00-6:45pm	\$120
PVHS	Small Gym	7-12	Tues-Fri & Mon-Thurs	6/1-6/4 & 6/7-6/10	Mon-Thurs	6/14-6/24	7:00-8:45pm	\$120

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

## PVUSD 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 Class/Camp	Location	Grade	Session	Time	Fee
CS1122	PVHS Volleyball Camp	Paradise Valley High School				\$120
CS1122	PVHS Volleyball Camp	Paradise Valley High School				\$120

**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 <http://comed.pvschools.net> 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, 8am to 5pm. 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. \_\_\_\_\_ 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 \_\_\_\_\_ class/camp held at \_\_\_\_\_ school to act for me in any emergency requiring medical attention. I agree to be treated by a licensed physician while attending class/camp 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.

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