

HIGH SCHOOL FOOTBALL

Prep Camp



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

Session 1

(March 22-April 22) Tuesday/Thursday from 5 to 6 pm
The first session will focus on movement training for football including olympic lifting movements, running technique, and change of direction.

Session 2

(April 26-May 13) Monday-Thursday from 6 to 8 pm
The second session will focus on individual position and team football skills. Campers will learn offense and defense position fundamentals as well as team plays.

Both of these camps are essential to those planning to play high school football. 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: 3/22 - 4/22 and Session 2: 4/26 - 5/13	Session 1: 5:00 p.m. - 6:00 p.m. and Session 2: 6:00 p.m. - 8:00 p.m.	\$100



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: 3/22 - 4/22 and Session 2: 4/26 - 5/13	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): ❶ Register online at www.pvschools.net/enrichment ❷ Call Community Education at 602-449-2200/2201/2202 with VISA or MasterCard ❸ 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 _____

