

**SCOTTSDALE UNIFIED SCHOOL DISTRICT**

**2009 JV  
SUMMER  
FOOTBALL  
CAMP**



**DESERT MOUNTAIN HIGH SCHOOL**

12575 E. Via Linda  
(480) 484-7000

**When:** August 3-7  
4:00p.m. – 7:00p.m.

**Where:** Field House

**Fee:** \$75 made payable to SUSD

*Please mail or drop off registration form  
to Community Schools  
9313 N. 95<sup>th</sup> Way  
Scottsdale, AZ 85258  
Online payment system can be accessed at  
[www.susd.org/communityschools](http://www.susd.org/communityschools)*



**SUMMER ATHLETIC CAMP COORDINATOR**

Christopher Thuman (480) 484-8612

**FOOTBALL CAMP PROGRAM DIRECTOR**

Tony Tabor (480) 484-7089



Community Schools  
9313 N. 95<sup>th</sup> Way  
Scottsdale, Arizona 85258

Telephone: 480-484-8614

FAX: 480-484-8669

Web site: [www.susd.org/communityschools](http://www.susd.org/communityschools)

## Summer Athletic Camp Registration Form 2009

Sport: \_\_\_\_\_

Location (School): \_\_\_\_\_

Session (Dates): \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's Name (Full name): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Grade \_\_\_\_\_ Email Address: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

**Payment Method** (*Please circle one*)    **Check** (*made payable to SUSD*)    **Cash**    **Online**

(*Please mail or drop off registration form to the Community Schools Office*)

### PARENTAL CONSENT

**Please Note: There will not be a nurse/trainer on campus for summer Athletics. Medications will not be administered during camp hours.**

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### CODE OF CONDUCT AFFADAVIT

The SUSD Uniform Code of Student Conduct is in effect during all Athletic activities (including camps). Parents/students will agree to abide by the behavior guidelines in the Uniform Code of Student Conduct..

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_