



H O R I Z O N L A D Y H U S K Y

# BASKETBALL CAMP



By attending this camp athletes will learn fundamental basketball skills and leave with a great attitude! Camp will cover shooting, passing, dribbling, offense, defense, and team concepts.

**Questions?** Contact Coach Young at (330) 607-2609.

School	Room	Grades	Day	Session 1	Session 2	Session 3	Fee per Session	Time
Horizon HS	Large Gym	7-12	M - Th	6/3 - 6/6	6/10 - 6/13	6/17 - 6/20	\$50	10:00 a.m. - 12:00 p.m.



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 Class	Grades	Location	Session(s)	Time	Fee
CS1114	Lady Husky Basketball Camp		Horizon HS		10:00 a.m. - 12:00 p.m.	

**You may register one of the following ways (registration must be received at least three business days prior to start date):**

① Register online at [pvschools.net/enrichment](https://pvschools.net/enrichment) ② 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. - 4:30 p.m. Refunds are available until start of session and include a \$25.00 processing fee. A full refund and notification will be given only if classes are cancelled.

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

You may pay by credit card by **registering online at [pvschools.net/enrichment](https://pvschools.net/enrichment).**

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