



Pinnacle Boys Basketball CAMP

This camp will cover the fundamentals of ball handling, shooting instruction, team offense and defense, driving, post work, and footwork. There will be games held daily ranging from 3-on-3, no-dribble to 5-on-5, half-and full-court.

Questions? Contact Coach Charlie Wilde at 602-316-8940.

Location	Room	Gr.	Days	Session 1	Days	Session 2	Days	Session 3	Time	Fee per Session
Pinnacle HS	large gym	3-7	Tu-F & M-Th	5/30-6/2 & 6/5-6/8	M-Th	6/12-6/22	N/A	N/A	12:30p.m.-2:30p.m.	\$100 each or \$190 for both
Pinnacle HS	large gym	8-12	Tu-F & M-Th	5/30-6/2 & 6/5-6/8	M-Th	6/12-6/22	N/A	N/A	10:00a.m.-12:00p.m.	\$100 each or \$190 for both
Pinnacle HS	large gym	3-12	N/A	N/A	N/A	N/A	M-W	6/26-6/28	11:30a.m.-1:00p.m.	\$30



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	Location	Dates/Session	Time	Fee
CS1124	PHS Boys Basketball Camp	Gym			
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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 pvschools.net/summer 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, 8:00a.m.-5:00p.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# _____ 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 _____

