

Camp Round Valley 2018

- Camp Dates: July 15th-19th
- Camp Price **\$300 Cash, Check, money order accepted (Checks payable to : Mesa Public Schools)**
- \$50 discount for multiple family members.
- \$125 deposit by June 23rd (non-refundable)
- Full payment must be received upon boarding. (no exceptions)

Camp will be held at Round Valley High School in Eagar, AZ. Eagar is located in the White Mountains, approximately a 4-hour bus ride. Players will be practicing in a higher altitude and much cooler temperatures. This is an intense, weeklong camp, intended to create a team atmosphere with a focus on individual instruction and development of football skills. The participation in this camp is essential to the individual development of the athlete and future success of our program.

Depart : From Skyline High School, Sunday July 15th 10:00am (Check in @ 9:30)

Return: To Skyline High School, Thursday July 19th @ 1 pm. (approx)

“What to bring and what NOT to bring to summer camp at Round Valley.”

<u>Must Bring</u>	<u>Suggested Items</u>	<u>Do NOT Bring</u>
Sleeping Bag Pillow Cleats Running Shoes Towel Toiletries Notebook & Pencil 4 Pairs Socks 6 Undershorts 4 Pairs Shorts 6 Shirts Long Sleeve Shirt Sweatshirt/Hoody	Air Mattress / Cot \$20 cash for Concessions /Convenience Store Sunscreen Healthy Snacks Pedialyte/Gatorade First aid items Aquaphor	Cell Phones IPODS Video Games TV's Jewelry

Contact Numbers:

Varsity Head Coach – Angelo Paffumi 480-518-6756

Fresh Head Coach – Todd Obrien 480-234-1655

MESA PUBLIC SCHOOLS STUDENT TRAVEL - SECONDARY DIVISION
PARENT/GUARDIAN PERMISSION FORM

School Skyline High School Date: July 15, 2018

On Sunday July 15th the Football team is planning student travel/activity to

Round Valley Camp (Site) The purpose of the travel/activity is football skills & team bonding. (Primary Objective)

We will be leaving school at July 15th 10:00am and returning by July 19th 1:00pm. Transportation

will be provided by charter bus. Other details (if applicable): _____
School Bus or Van, Walking, Other (if "Other," see attached)

Please return this permission form to the school no later than July 15, 2018
Angelo Paffumi (School Contact) 480-472-9635 (School Phone Number) 480-518-6756 (Emergency Contact Number for Day of Travel)

PARENT/GUARDIAN PERMISSION

My signature below indicates my permission for my child, _____, to participate in the student travel/activity described above.
(Print First and Last Name of Child)

My signature also indicates that I have read and approve the medical treatment authorization.

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I also acknowledge that I may obtain accident insurance through the school nurse if I do not currently have family medical insurance. I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

Please PRINT name of Parent or Guardian _____ Home Phone: _____ Hours: _____
SIGNATURE - Parent or Guardian _____ Work Phone: _____ Hours: _____
Date: _____ Cell Phone: _____ Hours: _____