



**MVT SKILLS CAMP**  
**TUESDAYS**  
**April 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>**  
**May 1<sup>st</sup>, 8<sup>th</sup>**



<b>GRADE LEVEL:</b>	5 <sup>th</sup> - 7 <sup>th</sup> GRADERS
<b>LOCATION:</b>	MOUNTAIN VIEW GYM
<b>FOCUS:</b>	FUNDAMENTALS – FOOTWORK – BALLHANDLING – PASSING – SHOOTING AND ONE-ON-ONE MOVES
<b>DAYS:</b>	TUESDAYS
<b>DATES:</b>	April 10 <sup>th</sup> , 17 <sup>th</sup> , and 24 <sup>th</sup> and May 1 <sup>st</sup> , 8 <sup>th</sup>
<b>TIME:</b>	6:30PM-8:00PM
<b>FEE:</b>	\$70 IN BOOKSTORE or \$60 ONLINE
<b>CONTACT:</b>	GARY ERNST .480-472-6957 KYLE CUMMINS .480-308-5711 RORY RICHESON .480-330-9072

**SAVE \$10, REGISTER ONLINE.** [www.mesasports.org](http://www.mesasports.org). or submit registration below to:  
 Mountain View High School bookstore 2700 E. Brown Rd. Mesa, AZ 85213

Student Name:	Grade: _____
Parent/Guardian:	School: _____
Phone: (H) _____ (C) _____	Student ID#: _____
Email: _____	
Emergency Contact Name:	
Phone: (H) _____ (C) _____	
I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.	
<b>Parent Signature:</b> _____	
I give permission to photograph my child during camp participation for publicity use and/or news release. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have health conditions/concerns of which staff should be aware? If so, please explain:	

<b>PAYMENT:</b>
To pay by debit card or credit card and receive a discount, register online at <a href="https://mpswebpay.mpsaz.org">https://mpswebpay.mpsaz.org</a> .
For online payment questions call (480) 472-0118. For camp related questions, contact the coach listed above.
Check # _____ Check amount \$ _____
Make checks payable to Mesa Public Schools.
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