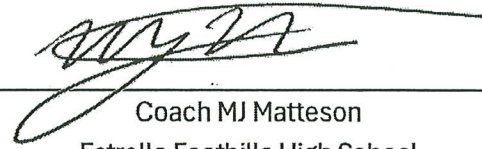




Summer Open Gyms are not required but are highly recommended. The athlete who is working on their skills is the athlete who is getting better. Tryouts next season will be days of evaluation for our coaching staff to decide who will help our team/teams succeed the most. The most dedicated, skilled, hardworking, best teammate, best attitude, most coachable athletes are the ones who we will be looking for to make our team(s). The athlete putting in the work this summer is getting better than the athlete who isn't doing anything, so consider this when making decisions about this summer.

Coach MJ
mmatteson@buhssd.org
coachmjmatteson.com
@coachmjmatteson

We encourage athletes to participate in the open gyms we are providing, but we also encourage you to do camps, college visits, participate in other leagues, or club. We also encourage you to spend time with friends and family and rejuvenate for this next year. We just want to make sure it is made clear that our decisions at tryouts will be influenced by who has the best qualities for our program, and if you choose to not get better, someone else will.



Coach MJ Matteson
Estrella Foothills High School

Buckeye Union High School District

**Open Gymnasium and Open Field Informed Consent, Assumption of Risk, Liability Release
and Indemnity Agreement**

Name of Participant: _____

Buckeye Union High School District and its staff attempt to provide high quality programs in an appropriate environment for students and other members of the community. Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you or your child (or ward), as applicable, based upon your particular physical condition, or that of your child (or ward). As a condition for allowing your participation, or that of your child (or ward), Buckeye Union High School District will require that you read this agreement carefully and agree to its terms.

I realize that the activities associated with "open gym" involve the potential for injury and have considered the health risks associated with them. These risks include property damage, bodily injury, illness, or death. These risks may result from a variety of circumstances, including but not limited to, the use or misuse of any equipment, the activity itself, from the acts of others, including school district employees and agents, or from the unavailability of medical care. I also realize that school district employees or agents will not be present at all times and in all areas, and I do not expect supervision by a district employee or agent during any and all activities. I fully appreciate and knowingly assume all such risks.

Because of the risks, I am obligated to comply with all of the rules, regulations and procedures related to the participation of any and all activities. I agree that Buckeye Union High School District may immediately remove me from participating for any failure to comply with the rules, regulation or procedures, even if such rules, regulations, or procedures are not in writing.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I and my child (or ward) may sustain as a result from participation in this activity. I hereby release, waive, discharge and agree not to sue the Buckeye Union High School District and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties. I hereby authorize my child (or ward) to participate under these same terms and conditions.

I agree to defend and indemnify Buckeye Union High School District and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by me negligently, willfully, or otherwise.

I am aware that Buckeye Union High School District does not provide accident or health insurance coverage for me or my child (or ward).

In the event of an emergency, I authorize Buckeye Union High School District and its employees and agents to seek medical treatment as deemed necessary.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Participant's Signature

Date

If applicable, a parent or legal guardian of participants under 18 years of age must agree to the above terms on behalf of his or her child and sign this agreement.

Parent/Legal Guardian Signature

Date

BUCKEYE UNION HIGH SCHOOL DISTRICT
1000 E. Narramore Avenue,
Buckeye, Arizona 85326

Name of Student: _____ Student I.D. #: _____
 Date of Birth: _____ Age: _____ Grade (this year): _____
 Address: _____ City: _____ Zip: _____
 Student cell phone or contact number: _____
 Student e-mail: _____

Phone Contact: This is very important! Please list all names and numbers.

Parent/Guardian	Home Phone	Business Phone	Other (Cell)
1.			
2.			
Emergency			
1.			
Family Doctor			

Consent form must be properly signed by the parent or guardian before participating in the activity.

I, _____ the parent/legal guardian of _____,
 give consent for my child to participate in _____ on the following dates:
 _____.

MEDICAL CONSENT: I hereby authorize in advance any necessary medical treatment required by my son or daughter while he or she is absent from home and under the supervision of BUHS. My child is authorized to take the following prescriptions: _____.

Parent/ Guardian Medical Consent Signature:


Parent/Guardian Signature: _____ Date: _____

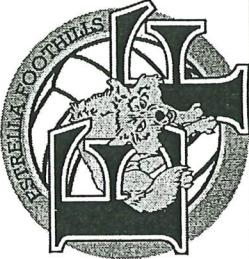
STUDENT: I understand the contents of this form and agree to comply with the rules governing this activity.

Student Signature: _____ Date: _____

PARENT/GUARDIAN: I understand the contents of this form and agree to allow my child to participate in this activity.

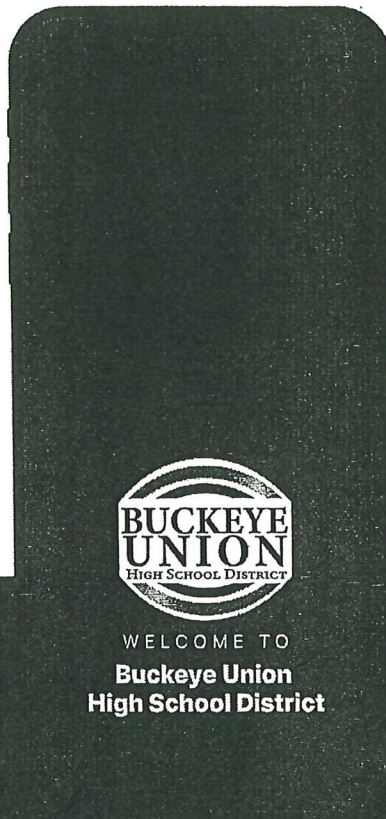
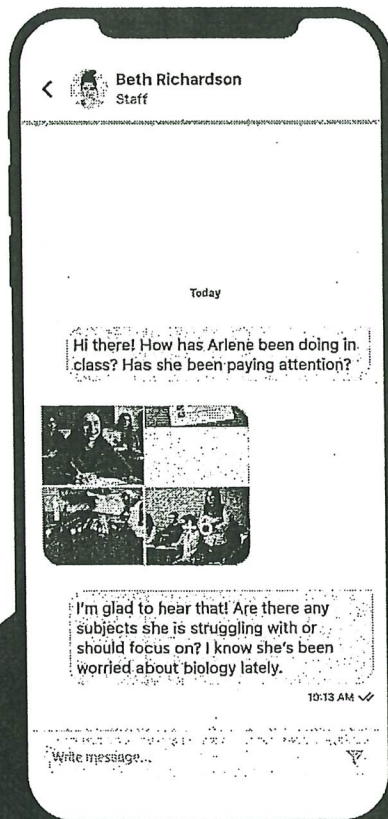
Parent or Guardian Signature: _____ Date: _____

June						
Sunday 	Monday 1	Tuesday 2	Wednesday 3	Thursday 4	Friday 5	Saturday 6
Sunday 7	Monday 8	Tuesday 9	Wednesday 10	Thursday 11	Friday 12	Saturday 13
Sunday 14	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19	Saturday 20
Sunday 21	Monday 22	Tuesday 23	Wednesday 24	Thursday 25	Friday 26	Saturday 27



		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	28						4
Sunday	5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		6	7	8	9	10	11
			Main Gym 9a-11a Open Gym 11a-12p Weights	Main Gym 9a-11a Open Gym 11a-12p Weights Boys Only: 4:30-9:30p Summer League @ Independence	Main Gym 9a-11a Open Gym 11a-12p Weights		
Sunday	12	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		13	14	15	16	17	18
			Main Gym 9a-11a Open Gym 11a-12p Weights	Main Gym 9a-11a Open Gym 11a-12p Weights Boys Only: 4:30-9:30p Summer League @ Independence	Main Gym 9a-11a Open Gym 11a-12p Weights		
Sunday	19	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		20	21	22	23	24	25
			Main Gym 9a-11a Open Gym 11a-12p Weights	Main Gym 9a-11a Open Gym 11a-12p Weights Boys Only: 4:30-9:30p Summer League @ Independence	Main Gym 9a-11a Open Gym 11a-12p Weights		

Say "hello" to even more in the **BUHSD 201** app.



Download the **BUHSD 201** app from the iOS App Store or Android Play Store and enable Notifications.

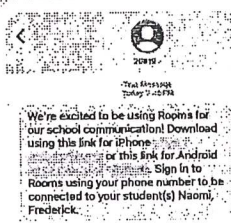


Rooms Quick Start Guide for Families

↳ Your one place for school messages, updates, and more.

Login to Rooms

You're already enrolled, and can login at any time. You can access Rooms from your school app, mobile web, or browser.



To login for the first time, you can:

Login from Text Invite

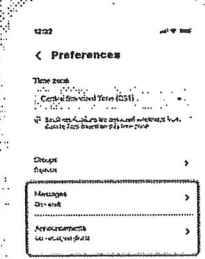
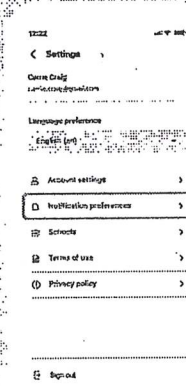
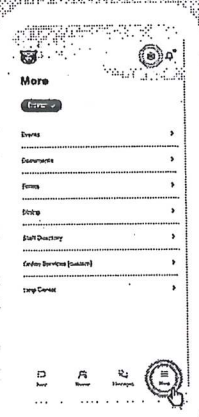
or

Login from School App

1. Tap the link to open the invite or open your School App and select Rooms
2. Enter your phone number or email
3. Select "Sign in with code"
4. Enter the authentication code received

Set Notification Preferences

Once you are logged in, you can choose how and when you receive updates.



1. Open your school app, tap "More" and select the settings icon.
2. From settings, select "Notification preferences".
3. In "Preferences" select "Messages" and "Announcements" to customize your preferences for notifications for each.

Stay Connected

Rooms helps you stay in touch with your child's teachers and school staff, all from one secure place.



Browse Feed

Stay connected with district and school updates and news.

View Rooms

See announcements, materials, and class info for each class, group or team for your child.

Send Messages

Read, reply, and send messages to your child's teachers and other staff at the school.

Explore More

Access events, menus, forms, and more for your district.



Need help?

Visit info.apptegy.com/rooms-central or contact your school.