



Contact Mark "Coach Rozy" Roozen at 817-219-2811 or email him at rozyroozen@gmail.com

**"THE CHAMPION ZONE"
MOVEMENT SKILLS FOR LIFE JR. PROGRAM
REGISTRATION FORM**

The Champion Zone will meet EVERY WEDNESDAY from
4:45 pm - 5:30 pm

Name _____

Address _____

_____ City State Zip Code

Phone # _____ Email _____

Emergency Contact _____

Emergency Contact Phone # _____

Grade 3rd _____ 4th _____ 5th _____ 6th _____

T-Shirt Size S _____ M _____ L _____ XL _____

**I GIVE PERMISSION TO "COACH ROZY" TO SEND AND BE INCLUDED IN HIS DAILY
MOTIVATIONAL REMINDERS, HIS NEWSLETTERS AND WEEKLY UPDATES BY EMAIL WITH THE
UNDERSTANDING THAT MY INFORMATION WILL NOT BE GIVEN OUT TO ANY OTHER PARTIES.**

YES _____ NO _____

(complete Page 2)

_____ \$34.00 Per Month

_____ \$119.00 For Fall Semester (Sept-Oct-Nov-Dec; NO REFUNDS)

***Make Checks or Money Orders to AVERA WELLNESS. Credit Cards are accepted - call 817-219-2811.**

Mail Registration to: Mark Roozen, 501 Summit St., Suite 3500, Yankton, SD 57078 or bring with first day

CANCELLATION POLICY: Written Cancellation 14 calendar days prior to start date of program will receive a full refund. Inside 14 calendar days prior to start date, a refund less 20% administration fee of full price paid. No refund once program starts. In the case of an injury or major illness, the participant will be granted a credit for future sessions on presentation of a medical note.

SESSION POLICY: All sessions must be paid in advance before any training begins. All sessions will begin at the scheduled time. No refund or credit will be granted if you are late or if you miss a session. You agree to inform your coach of any conditions or changes in your health while participating in the Program. Sessions maybe canceled due to low number of participants.

INFORMED CONSENT:

I have requested participation in the Coach Rozy Champion Zone Jr. Program (hereinafter referred to as the “The Program”). I understand my participation is voluntary and I may withdraw at any time from The Program. Any money paid to The Program is non-refundable. The benefits associated with my participation include information regarding the enhancement of my physiological performance, improved knowledge of activities and methods available for ongoing maintenance/enhancement of personal fitness and physiological response.

Any evaluations and The Program participation will be supervised by The Program staff. I understand that participation in The Program should not result in physical injury to me; however, I acknowledge that in the event of physical injury resulting from participation in The Program, no medical treatment or monetary compensation will be provided by The Program or The Program staff.. I do have coverage under my own health insurance policy, or that of my legal guardian. I acknowledge The Program is relying on all information provided by me regarding my medical history and condition before allowing me to participate in The Program. I certify the information provided to be true and correct.

Signature of Participant

Date

The participant is under the age of 18 years. I have reviewed the information and certify it to be true and correct. I represent that we currently have medical insurance and I consent to my child/ward participating in The Academy. I give permission to use, reprint, and produce any photographs or videos taken of me or my child during The Academy. I understand that such material will be used by The Program to promote their programs.

Signature of Parent or Guardian

Date