



## **GAYVILLE-VOLIN JR. PROGRAM**

***1:00 pm to 1:45 pm***

**Monday's & Wednesday's  
at GV School Auxiliary Gym**

**Help your child learn to move properly and acquire the skills of a champion!**

This program is designed for *boys and girls in the 2nd through 6th grade*. We all start *with an inability to properly execute the movement skills*. Our program covers all 12 of the Movement Skills for Life and works to develop these skills at a high level. You child will learn key "hot spots" to know exactly how to do the movement skills they need for success in sport, activity and LIFE.

Key elements include;

- \* Defining and teaching the 12 Movement Skills for Life
- \* Key cues & tips shared by Coach Rozy Staff used when teaching.
- \* Exercises to advance your child to a higher level of development.

**Programs are held at**

**Gayville-Volin Auxiliary Gym**

**Call 817-219-2811 (Coach Rozy) or 605-661-1649 (Coach Ronette Karstens)  
for more information or contact Coach Rozy at [rozyroozen@gmail.com](mailto:rozyroozen@gmail.com)**

**STARTING Wednesday, May 31 2017**

# REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Year in School-Fall of 2017/2018 \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th

\_\_\_\_ Male \_\_\_\_\_ Female Sports/Activities Participated In \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ \$ 109.00 - for Summer Program - Wednesday, May 31st & running until Wednesday, August 2, 2017  
(19 training sessions)

**\*Make Checks or Money Orders to "AVERA"**

**Drop Off Payment and Registration to: Coach Ronette Karstens at GV High School**

**CANCELLATION POLICY:** Written Cancellation 7 calendar days prior to start date of program will receive a full refund. Inside 7 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's Movement Skill for Life Program (hereinafter referred to as the "MSFL"). I understand my participation is voluntary and I may withdraw at any time from Coach Rozy's MSFL. Any money paid to Coach Rozy's MSFL 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 MSFL participation will be supervised by MSFL staff. I understand that participation in MSFL should not result in physical injury to me; however, I acknowledge that in the event of physical injury resulting from participation in MSFL, no medical treatment or monetary compensation will be provided by Coach Rozy or Coach Rozy MSFL staff.. I do have coverage under my own health insurance policy, or that of my legal guardian. I acknowledge Coach Rozy MSFL is relying on all information provided by me regarding my medical history and condition before allowing me to participate in Coach Rozy. 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 Coach Rozy's MSFL. I give permission to use, reprint, and produce any photographs or videos taken of me or my child during MSFL. I understand that such material will be used by Coach Rozy-Powered by AVERA to promote their programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date