



**COACH ROZY PERFORMANCE
SUMMER TRAINING POWERED BY**

Cedar Catholic Summer Program

Former NFL Strength Coach and trainer of Olympians, Mark “Coach Rozy” Roozen’s Sports Performance Academy, is designed to develop a broad array of athletic skills, aiding in injury prevention, sports performance, and life-long enjoyment of activity.

May 29, 2018 to August 2, 2018
10 Weeks/4x a Week



UPPER LEVEL SESSION 1: M-T-W-TH at 6:00 am - 7:30 am

UPPER LEVEL SESSION 2: M-T-W-TH at 7:30 am - 9:00 am

SAQ ONLY Session: T-TH at 6:30 am - 7:30 pm

JR. PROGRAM: T & TH at 9:00 am - 9:45 pm

No Sessions July 4 & 5, 2018

***UPPER LEVEL & SAQ Programs is for Boys and Girls Grades 7th thru 12th
Jr. Program for Boys and Girls in Grades 3rd thru 6th***

TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:

**Mark “Coach Rozy” Roozen - 817-219-2811 - or Ronette Karstens - 605-661-1649
rozyroozen@gmail.com * www.coachrozy.com**

REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Year in School-Fall of 2018 ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th

Shirt Size ___ S ___ M ___ L ___ XL ___ XXL

Pick Session ___ 6:00 am ___ 7:30 am ___ 9:30 JR. PROGRAM ___ 6:30 SAQ

___ Male ___ Female Sports Participated In _____

Name of Parent or Guardian _____

Phone # _____ Email _____

___ \$259.00 paid before May 11, 2018 *Make Checks /Money Orders to AVERA WELLNESS. Mail to:

___ \$279.00 paid after May 11, 2018 501 Summit Street Suite 3500, Yankton, SD 57078

___ \$129.00 for Jr. Program or SAQ Program ___ \$ 149.00 after May 11, 2018

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 Sports Performance Academy (hereinafter referred to as the "The Academy"). I understand my participation is voluntary and I may withdraw at any time from The Academy. Any money paid to The Academy 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 Academy participation will be supervised by The Academy staff. I understand that participation in The Academy should not result in physical injury to me; however, I acknowledge that in the event of physical injury resulting from participation in The Academy, no medical treatment or monetary compensation will be provided by The Academy or The Academy staff. I do have coverage under my own health insurance policy, or that of my legal guardian. I acknowledge The Academy is relying on all information provided by me regarding my medical history and condition before allowing me to participate in The Academy. 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 Academy to promote their programs.

Signature of Parent or Guardian

Date