



Summer Performance Upper Level Program

May 28, 2019 - August 1, 2019

All sessions are Monday, Tuesday,
Wednesday & Thursday

Session 1: 6:30am – 8:00am
Session 2: 7:30am – 9:00am
Session 3: 8:30am – 10:00am
Session 4: 9:30am – 11:00am
Session 5: 10:30am – 12:00pm

No Sessions July 3rd and 4th, 2019

All sessions are for both boys and
girls 7th-12th grade.

Summer Performance Jr. Program

May 28, 2019 - August 1, 2019

Session 1: Tues & Thur
11:00am – 11:45 am

Session 2: Mon & Wed
9:30 am – 10:15 am

No Sessions July 3rd and 4th,
2019

All sessions are for both boys
and girls 3rd - 6th grade.

Program Details

Coach Rozy and Avera Sports are happy to be bringing you another high intensity, 10-week, Summer Performance Program again this summer. For your convenience we have added additional session times for 2019. ALL SESSIONS WILL BE HELD AT SUMMIT CENTER.

The cost of the **Upper Level program is \$259.00** for Non-Yankton Athletes Training in Yankton.
Jr. Program Fee is \$109.00. Please complete the registration form and send payment to:

Avera Sacred Heart Wellness Center
501 Summit St.
Yankton, SD 57078

For credit/debit payments please call 605-668-8357.

For more information, visit our website
at CoachRozy.com or Avera.org/sports or contact
us at 817-219-2811 or rozyroozen@gmail.com

REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Year in School-Fall 2019 ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th

Upper Level _____ Session #1 _____ Session #2 _____ Session #3 _____ Session #4 _____ Session #5

Jr. Program _____ Session #1 _____ Session #2

Shirt Size _____ YS _____ YM _____ S _____ M _____ L _____ XL _____ XXL

___ Male ___ Female Sports Participated In _____

Name of Parent or Guardian _____

Phone # _____ Email _____

Payment Info: Upper Level: _____ \$259.00 before May 15, 2019 _____ \$279.00 after May 15, 2019

_____ \$109.00 before May 15, 2019 _____ \$220.00 after May 15, 2019

MAIL THIS FORM BACK TO COACH ROZY PERFORMANCE AT: COACH ROZY, 501 SUMMIT ST., SUITE 3500, YANKTON SD 57078. MAKE CHECKS TO AVERA WELLNESS.

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