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## Yankton Upper Level Program

May 28, 2019 through August 1, 2019

### Session Details

All sessions are Monday, Tuesday, Wednesday and Thursday. Fee is \$75.

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 on July 3<sup>rd</sup> or 4<sup>th</sup>
- All sessions for students entering 7<sup>th</sup> through 12<sup>th</sup> grade in the Fall of 2019.
- All athletes will receive a program t-shirt
- All sessions held at the Summit Activities Center (1801 Summit Street Yankton, SD)

### Program Overview

Do you want to jump higher? Run faster? Gain strength? Register today to join the top athletes in the area taking part in Coach Rozy's 10-week Summer Training and Performance Programs. Our experienced strength and conditioning team are dedicated to bringing Yankton athletes a high intensity program that will help student athletes reach their maximum potential. Performance and athletic skills will be assessed pre-post program.

### Registration

This programming is being provided to you at a significantly reduced rate due to the support and partnership with the Yankton School District and the Yankton Booster Club.

Please complete the registration form and submit \$75 payment to Avera Sacred Heart Wellness Center 501 Summit Street, Yankton, SD 57078.

For credit/debit payments call 605-668-8357

For more information, visit our website at [CoachRozy.com](http://CoachRozy.com) or [Avera.org/sports](http://Avera.org/sports) or contact us at 817-219-2811 or [rozyroozen@gmail.com](mailto:rozyroozen@gmail.com) or 605-668-8357.



# REGISTRATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

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

Yr in School-Fall of 2019 \_\_\_ 7th \_\_\_ 8th \_\_\_ 9th \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th

Shirt Size Adult \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

Pick Session \_\_\_ 6:30 am \_\_\_ 7:30 am \_\_\_ 8:30 am \_\_\_ 9:30 am \_\_\_ 10:30 am

\_\_\_ Male \_\_\_ Female Sports Participated In \_\_\_\_\_

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

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

\_\_\_ \$75.00 paid before May 11, 2018

\_\_\_ \$125.00 paid after May 11, 2018

**\*Make Checks /Money Orders to AVERA WELLNESS. Mail to:  
501 Summit Street Suite 3500, Yankton, SD 57078**

**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.

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Signature of Parent or Guardian Date