



LIVE TRAINING - AT COACH ROZY PERFORMANCE

June 8, 2020 – August 6, 2020

(OFF JULY 1 - JULY 7, 2020)

PICK A SESSION:

Mon & Wed OR Tues & Thur

Includes 2x a week IN FACILITY - 2x a week On-Line Phone App/FB LIVE

ONLY 10 SPACES AVAILABLE PER SESSION

**1 Pair of Siblings (Max of 2 athletes) can share one space/equipment for up to a total of 14 athletes per session (ie - 4 family groups of 2 athletes)*

TOTAL PRICE: \$150.00 (\$75.00 credit for those already signed-up and paid for summer on-line/at home program)

***For any athlete wanting to sign-up for 4x a week IN FACILITY**

TOTAL PRICE: \$300.00 (\$75.00 credit for those already signed-up and paid for summer on-line/at home program)

***Athlete will need to sign-up for a M&W as well as T&Th Session to do 4-day-a-week IN FACILITY Training session.
Make sure to fill out Google Documents for all four sessions.**

ONCE YOU SIGN UP FOR A TRAINING SESSION - YOU WILL NEED TO STAY AT THAT TRAINING TIME AND DAYS YOU SIGN-UP FOR. WE CANNOT ALLOW ATHLETES TO CHANGE TIMES, GROUPS OR MIX AND MATCH DIFFERENT TIMES

FYI -

THERE WILL BE NO WATER FOUNTAIN OR WATER COOLER PROVIDED: BRING YOUR OWN WATER BOTTLES.

**TO SIGN UP FOR 4x A WEEK IN FACILITY
YOU WILL NEED TO FILL OUT A M & W FORM AND A T & TH FORM.**

MONDAY & WEDNESDAY

___ 7:30 am - 8:45 am (A1) ___ 8:15 am - 9:30 am (A2) ___ 9:00 am - 10:45 am (A3) ___ 9:45 am - 11:00 am (A4)
___ 10:30 am - 11:45 am (A5) ___ 12:30 pm - 1:45 pm (A6) ___ 1:15 pm - 2:30 pm (A7) ___ 2:00 pm - 3:45 pm (A8)
 ___ 3:30 pm - 4:45 pm (A9)

[LINK TO GOOGLE DOC TO SIGN-UP](#)

TUESDAY & THURSDAY

___ 7:30 am - 8:45 am (B1) ___ 8:15 am - 9:30 am (B2) ___ 9:00 am - 10:45 am (B3) ___ 9:45 am - 11:00 am (B4)
___ 10:30 am - 11:45 am (B5) ___ 12:30 pm - 1:45 pm (B6) ___ 1:15 pm - 2:30 pm (B7) ___ 2:00 pm - 3:45 pm (B8)
 ___ 3:30 pm - 4:45 pm (B9)

[LINK TO GOOGLE DOC TO SIGN-UP](#)

FOR SIBLINGS/SAME HOUSEHOLD

**We will be allowing up to 4 Groups of Siblings (2 per workout area) to sign-up per session.
Example - a brother and sister would each sign-up, but could train in the same workout space and
use the same equipment.**

**This would allow us to have 14 athletes in for a training session.
*Each Sibling Needs to Pay and Register Separately; but can sign-up on the Google Doc together.**

REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Yr in School-Fall of 2020 ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th

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

___ Male ___ Female Sports Participated In _____

Name of Parent or Guardian _____

Phone # _____ Email _____

___ \$150.00 Total (\$75.00 off if already signed and registered for Coach Rozy 2020 Summer program

___ **\$300.00 Total for 4x a week At Facility Training (\$75.00 off if already signed/registered for Coach Rozy 2020 Summer Program - PLEASE MAKE SURE TO SIGN UP FOR BOTH M&W AS WELL AS T & TH TIME SLOTS**

*** FOR CHECK - SEND PAYMENT TO: 501 Summit Street Suite 3500, Yankton, SD 57078**

CANCELLATION POLICY: 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 - Powered by AVERA Sports (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

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