

Winter

2020-2021



2020-2021 WINTER/SPRING OFF-SEASON REGISTRATION FORM

Name _____

Address _____

_____ City _____ State _____ Zip Code _____

Phone # _____ Email _____

Emergency Contact _____

Emergency Contact Phone # _____

Emergency Contact Email _____

Grade 5th _____ 6th _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

T-Shirt Size S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

I GIVE PERMISSION TO "COACH ROZY" TO SEND AND BE INCLUDED IN HIS DAILY MOTIVATIONAL REMINDERS, HIS NEWSLETTERS AND WEEKLY UPDATES BY EMAIL WITH THE UNDERSTANDING THAT MY INFORMATION WILL NOT BE GIVEN OUT TO ANY OTHER PARTIES. YES _____ NO _____

WINTER SESSION RUNS NOVEMBER 30, 2020 TO FEBRUARY 25, 2021 - 11 WEEKS of TRAINING out of 13 WEEKS
***2 WEEKS of DEAD WEEK IS DECEMBER 21 to JANUARY 3, 2021**

2x WK Program _____ \$209.00 3x WK Program _____ \$264.00 4x WK Program _____ \$299.00

**ALL TRAINING SESSIONS ARE AT COACH ROZY/AVERA SPORTS YANKTON
NEW TRAINING FACILITY:
Ruth Donohue First Dakota Fieldhouse on Mt. Marty University Campus**

*Make Checks or Money Orders to AVERA WELLNESS. Credit Cards are accepted - call 605-668-8357.
Mail Registration to: Coach Rozy Performance, 1105 W. 8th St, Mt. Marty Field House, 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 may be canceled due to low number of participants.

INFORMED CONSENT/LIABILITY WAIVER:

The undersigned (including a parent of a minor) has requested participation in the Coach Rozy Performance Program or a Elevation Nation Bootcamp - Powered by AVERA Sports (hereinafter referred to as the "Coach Rozy Bootcamp"). The undersigned understands participation is voluntary and that they can withdraw at any time from Coach Rozy Performance or Coach Rozy Bootcamp. Any money paid to Coach Rozy Performance or Bootcamp is non-refundable. As the undersigned, I give permission to use, reprint, and produce any photographs or videos taken of myself or my child during training with Coach Rozy Performance with the understanding that such material will only be used by Coach Rozy Performance and/or AVERA Sports to promote their programs through marketing and social media platforms.

The undersigned (including a parent of a minor) acknowledges that use of the Ruth Donohoe First Dakota Fieldhouse -- including without limitation participation in any of the programs or activities and use of equipment and facilities may cause injury. The undersigned hereby assumes all risks of injury which may result from or arise from the attendance or use of equipment, activities, or facilities, and the undersigned agrees, on behalf of her/himself and its heirs, executors, administrators and assigns to fully and forever release and discharge Mount Marty University and its respective officers, directors, employees, agents, successors and assigns (collectively, the "Releasees") from any and all claims, damages, demands rights of actions or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of the undersigned's attendance at or use of equipment, activities, or facilities of Ruth Donohoe First Dakota Fieldhouse. This includes, without limitation, any claims, damages, demands, rights, action or causes of action resulting from or arising out of the negligence of the Releasees. Further, the undersigned releases and discharges the Releasees from any and all liability from any loss or theft of, or damage to, personal property, and lost wages, both present and future, and future loss of earning capacity. The undersigned acknowledges that he/she (or parents if user is a minor) has carefully read this waiver and release and fully agrees to its terms.

The undersigned (including a parent of a minor) acknowledges that use of Coach Rozy Powered by Avera Sports Performance programming ---including without limitation participation in any of the programs or activities and use of equipment and facilities may cause injury. The undersigned hereby assumes all risk of injury with may result from or arise from the attendance or use equipment, activities, or facilities, and the undersigned agrees, on behalf of her/himself and its heirs, executors, administrators and assigns to

fully and forever release and discharge Avera Sacred Heart and its respective officers, directors, employees, agents, successors and assigns (collectively, the “Releasees”) from any and all claims, damages, demands rights of actions or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of the undersigned’s attendance at or use of equipment, activities, or facilities where Coach Rozy Powered by Avera Sports programming is performed. This includes, without limitation, any claims, damages, demands, rights, action or causes of action resulting from or arising out of the negligence of the Releasees. Further, the undersigned releases and discharges the Releasees from any and all liability from any loss or theft of, or damage to, personal property, and lost wages, both present and future, and future loss of earning capacity. The undersigned acknowledges that he/she (or parents if user is a minor) has carefully read this waiver and release and fully agrees to its terms.

Participant Name (Please Print) _____

Participant Signature _____

Date _____

PLEASE FILL OUT AND SIGN IF PARTICIPANT IS A MINOR:

Parent or Guardian Name (Please Print) _____

Signature of Parent or Guardian _____

Date _____

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