



**COACH ROZY PERFORMANCE - Powered by AVERA Sports Yankton
JR. PROGRAM AND CHAMPION ZONE**



Join **Mark “Coach Rozy” Roozen & Staff** at Yankton’s 2024 Sports Performance Academy. The Summer Jr. Movement Skills for Life Program is designed to teach the 12 Basic Movement Patterns to help young boys and girls feel good about moving and being active.

AT MMU FIELDHOUSE & HIGH SCHOOL GYM
in Association with Basketball Academies

June 3, 2024 thru August 1, 2024

MULTIPLY SESSIONS TO PICK FROM:

At Coach Rozy’s - MMU:

Mondays and Wednesdays - Grades 3rd thru 6th; 9:30 am to 10:15 am

Tuesdays and Thursdays - Grades 3rd thru 6th; 10:00 am to 10:45 am

At High School Gyms with Bucks Basketball Academy; Mondays & Wednesdays:

Grades 5th - 6th 10:30 - 11:15 am

At High School Gyms with Gazelle Basketball Academy; Tuesdays and Thursdays

Grades 5th & 6th - 10:45 - 11:30 am

No Sessions **JULY 1 THRU JULY 5, 2024**

Boys and Girls Grades 3rd thru 6th

TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:

Mark “Coach Rozy” Roozen - 817-219-2811

rozyroozen@gmail.com * www.coachrozy.com

EACH PARTICIPANT GETS A COPY OF

THE CHAMPION ZONE



WE COVER ONE CHAPTER EACH WEEK FOR 10 WEEKS:

**What is a Champion * Character & Lifeskills * Reading Your Life Compass
Realizing Your Potential * Learning Skills * Movement Skills for Life
Pathway to Peak Performance * The Right Attitude * Decision Making
and Creating Your Game Plan**

**Parents/Guardians can go over the lesson with their child - watch the video
that goes along with the program and help your child build the skills
needed to enter the CHAMPION ZONE!**

**CHAMPION ZONE BOOKLET IS SPONSORED BY
THE AVERA FOUNDATION**



REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Yr in School-Fall of 2024 ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th

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

SESSION At Coach Rozy's _____ Mon & Wed at 9:15 am to 10:00 am / 3rd to 6th Grade
_____ Tues & Thurs at 10:00 am to 10:45 am / 3rd to 6th Grade
At HS GYMS (Bucks Academy) _____ Mon. & Wed. at 10:30 - 11:15 / 5th and 6th Grade
At HS GYMS (Gazelles Academy) _____ Tues. & Thur. 10:45 - 11:30 / 5th and 6th Grade

___ Male ___ Female Sports Participated In _____

Name of Parent or Guardian _____

Phone # _____ Email _____

___ \$129.00 paid on or before May 12, 2024 *Make Checks /Money Orders to AVERA SPORTS YANKTON.
___ \$159.00 paid after May 12, 2024 Mail to: Ruth Donohue First Dakota Field House,
MMU Campus, 1105 W. 8th St., Yankton, SD 57078

CANCELLATION POLICY: Written Cancellation 14 calendar days before start date of the program will receive a full refund. Inside 14 calendar days prior to start date, a refund less 30% 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 - 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