



**COACH ROZY PERFORMANCE - Powered by AVERA Sports**  
**SUMMER PERFORMANCE TRAINING**  
**Irene/Wakonda 2021 Summer Program**



Join Mark “Coach Rozy” Roozen & Staff at Irene/Wakonda’s 2021 Summer Performance Academy. The Summer Program is designed to improve performance levels, increase athletic skills, aid in injury prevention, and develop life-long enjoyment of activity.

**UPPER LEVEL PROGRAM - M-T-W-TH**

**Tuesday, June 1, 2021 to Thursday, July 29, 2021**  
**M-T-W-Th: 6:30 am - 8:00 am AND 5:00 pm - 6:30 pm**

**JR LEVEL PROGRAM - T & TH**

**Tuesday, June 1, 2021 to Thursday, July 29, 2021**  
**T-Th: 8:15 am - 9:00 am**

**No Sessions July 1 - July 7, 2020**

**UPPER Boys & Girls Grades 7th thru 12th**  
**JR Movement Skills Boys & Girls Grades 3rd thru 6th**

**TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:**

Mark “Coach Rozy” Roozen - 817-219-2811  
[rozyroozen@gmail.com](mailto:rozyroozen@gmail.com) \* [www.coachrozy.com](http://www.coachrozy.com)

# REGISTRATION FORM

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

Address \_\_\_\_\_

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

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

Yr in School-Fall of 2020  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th

Shirt Size  XS  S  M  L  XL  XXL  XXXL

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

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

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

- \$279.00 paid on or before May 15, 2021      **\*Make Checks /Money Orders to COACH ROZY. Mail to:**  
 **\$299.00 paid AFTER May 15, 2021**      **Ruth Donohue First Dakota FieldHouse, MMU Campus,**  
 \$139.00 Jr. Program - paid on/before May 15      **1105. W. 8th St., Yankton, SD 57078**  
 **\$159.00 Jr. Program - paid AFTER May 15, 2021**

**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 may be 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