



**COACH ROZY PERFORMANCE
SUMMER TRAINING POWERED BY AVERA**

Wagner 2021 Summer Program

Join Mark “Coach Rozy” Roozen & Staff at Wagner High School for the 2021 Sports 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.

Tues - June 1, 2021 to Thurs - July 29, 2021

Upper Level: 9 Weeks/4x a week

UPPER LEVEL SESSION: M-T-W-TH at 6:30 am - 8:00 am



No Sessions July 1 thru July 7, 2021

UPPER LEVEL is for Boys and Girls Grades 7th thru 12th

TO SIGN-UP TODAY or GET MORE INFORMATION CONTACT:

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

rozyroozen@gmail.com * www.coachrozy.com

REGISTRATION FORM

Name _____ Age _____

Address _____

State _____ Zip Code _____ Phone # _____

Email Address _____

Yr in School-Fall of 2021 ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th

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

___ Male ___ Female Sports Participated In _____

Name of Parent or Guardian _____

Phone # _____ Email _____

***Return Sign-Up Forms to ADMIN OFFICE AT WAGNER HIGH SCHOOL or Mail to:**

Coach Rozy, Ruth Donohue First Dakota Fieldhouse

MMU Campus, 1105 W. 8th St., Yankton, SD 57078

CANCELLATION POLICY: If unable to attend summer sessions, please let Coach Rozy Performance know as soon as possible.

SESSION POLICY: All forms must be turned in before any training begins. All sessions will begin at the scheduled time. There are no make-up sessions or later sessions 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.

Signature of Parent or Guardian

Date