



Powered by **Avera** Sports

## Yankton 2018 Summer Performance Program

**CALL NOW AND RESERVE YOUR SPOT – 605-668-8357**

### Yankton Summer Performance May 29, 2018- August 2, 2018

- Session 1: 6:30am – 8:00am**
- Session 2: 7:30am – 9:00am**
- Session 3: 8:30am – 10:00am**
- Session 4: 9:30am – 11:00am**
- Session 5: 10:30am – 12:00pm**

All sessions are Monday, Tuesday,  
Wednesday & Thursday

No Sessions July 4<sup>th</sup> and 5<sup>th</sup>, 2018

All sessions are for both boys and girls  
7<sup>th</sup>-12<sup>th</sup> grade.

### *Program Details*

Coach Rozy and Avera Sports are happy to be bringing you another high intensity, 10-week, Summer Performance Program again this summer. For your convenience we have added additional session times for 2018. We anticipate pricing to be confirmed mid-May. Don't wait to sign up! Please stop by the Yankton High School Activities Office, the Yankton Middle School Principal's Office, Avera Sacred Heart Wellness Center or Coach Rozy's gym in the Avera Pavilion Level 3 to pick up a registration form. Then call 605-668-8357 and return the registration form NOW to save your spot! No payment is required until pricing is determined and should the pricing not be what you anticipated, you are not obligated to participate.

For more information, visit our website  
at [CoachRozy.com](http://CoachRozy.com) or [Avera.org/sports](http://Avera.org/sports) or contact  
us at 817-219-2811 or [rozyroozen@gmail.com](mailto:rozyroozen@gmail.com)

# REGISTRATION FORM

## Coach Rozy/Avera Sports 2018 Yankton Summer Performance Program

PLEASE COMPLETE AND SEND TO: AVERA SACRED HEART WELLNESS CENTER, 501 SUMMIT ST, YANKTON, SD 57078

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

Address \_\_\_\_\_

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

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

Year in School-Fall 2018 \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup>

Shirt Size \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

Pick Session \_\_\_\_\_ 6:30am \_\_\_\_\_ 7:30am \_\_\_\_\_ 8:30am \_\_\_\_\_ 9:30am \_\_\_\_\_ 10:30am

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

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

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ \$ - No payment required at this time (Pricing is estimated at \$75 per athlete!)

**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 maybe canceled due to low number of participants.

**INFORMED CONSENT:** I have requested participation in the Coach Rozy Avera 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