



Yankton School District 2018 Summer Performance Program

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 4th and 5th, 2018

All sessions are for both boys and girls
7th-12th 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.

The cost of the program is only \$75. Please complete the registration form and send payment to:

Avera Sacred Heart Wellness Center
501 Summit St.
Yankton, SD 57078

For credit/debit payments please call
605-668-8357.

For more information, visit our website
at CoachRozy.com or Avera.org/sports or contact
us at 817-219-2811 or rozyroozen@gmail.com

REGISTRATION FORM

Coach Rozy/Avera Sports 2018 Yankton School District 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 _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th

Shirt Size (adult) _____ 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 _____

PAYMENT - \$75 (please make checks payable to "Avera Sacred Heart", call 605-668-8357 for credit/debit payment.

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