



## Yankton 2018 Summer JUNIOR Performance Program

**CALL NOW TO SIGN UP – 605-668-8357**

Our Junior Performance program is for youth athletes from 3<sup>rd</sup> through 6<sup>th</sup> grade. The program runs for 10-weeks, with two 45-minute fitness workout sessions per week. The program focuses on all aspects of reaching your maximum potential, including strength, endurance, flexibility, cardio-respiratory fitness and overall wellness.

**Tuesday & Thursday from 9:30-10:15am  
May 29, 2018- July 26, 2018  
\$109**

All sessions located at Mount Marty College Laddie E.  
Cimpl Arena (1105 West 8<sup>th</sup> St.)  
Please enter through west doors.  
No Sessions July 5<sup>th</sup>, 2018

For more information, visit our website  
at [CoachRozy.com](http://CoachRozy.com) or [Avera.org/sports](http://Avera.org/sports) or contact  
us at 605-668-8357, 817-219-2811 or [rozyroozen@gmail.com](mailto:rozyroozen@gmail.com)

# REGISTRATION FORM

Coach Rozy/Avera Sports 2018 Yankton JUNIOR 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 \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>

Shirt Size (adult) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

Session Is: Tues/Thurs 9:30-10:15am

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

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

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

\_\_\_\_\_ \$109 Please make payment to Avera Sacred Heart Wellness Center, Call 605-668-8357 for Credit/Debit Pmt.

**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