



Avera Sports Institute Program Registration

Athlete Name: _____ Parent(s) Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Other Phone: _____

Birth date: _____ Grade: _____ School: _____

Sport 1: _____ Sport 2: _____ Sport 3: _____

Position: _____ Position: _____ Position: _____

Email Address: _____

I am registering for the following program(s) (please check):

- 6- or 8-week Avera McKennan Acceleration Sports Training Program
- Acceleration Volleyball Camp (April – May)
- Acceleration Summer Volleyball League (June – July)
- Acceleration Year Round Training Program
- Avera Sports Institute/SEBA Father Son Baseball Clinic (April)
- Avera Sports Institute/Dakota Gold Soccer Camp (June)
- Avera Sports Institute Fundamentals of Sport Camp (June)