

FALL CONDITIONING CAMP 2011

*Will you be prepared
for your Tryouts?*



Make sure you are ready with our on and off-ice conditioning and skill development program

Fall 2011
Conditioning Camp
September 12 to 22

***Includes Unlimited
Flex Training for the
month of September***

*Flex Training Calendar for
Session times, days and
availability can be found at:
www.totalhockeymadison.com*

2 Weeks of On - Ice Mondays and Thursdays

- 4 - One hour on-ice Conditioning and Skill Development sessions
- 4 - Off-Ice Conditioning Sessions

***Also Includes
Unlimited Flex Training
for all of September
All for only \$150***

Group	On Ice Monday Thursday	Off Ice At Capitol Ice
Mite/ Squirt	5:10 - 6:10	6:20 - 6:50
PW/ BTM	6:20 - 7:20	5:30 - 6:00
HS	7:30 - 8:30	6:45 - 7:15

***See Flex Training Calendar for Session
Times and Availability***

Group size will be limited to 36 skaters

All Flex Sessions at Total Hockey of Madison will include instruction by one of our certified instructors on: puckhandling, vision, skating, shooting, and other important basic hockey skills.

Players must bring with them to each off ice session: Helmet, Gloves, Stick, and Skates. All on-ice sessions will be held at Capitol Ice Arena

**For more information go to
www.totalhockeymadison.com or
call 608.824.9447**

To register, fill out the form below and send it along with your payment of \$150 for Fall Conditioning Camp:

(Checks payable to Total Hockey of Madison):

Total Hockey of Madison
Attn: Fall Pre-Tryout 2011
2500 Pleasant View Road
Middleton, WI 53562

Please Print

Player Name: _____

Birthdate: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Email: _____

*** Circle one of the following three groups:

Mite/Squirt Pee wee/Bantam Midget/HS

The following waiver must be signed by a parent/guardian of the registrant:
I hereby give consent for my child

_____ to participate in the Fall Conditioning Camp September 12 - 22, 2011; and release Total Hockey of Madison from any and all liability arising from injuries which may be sustained by my child while participating in said program. I authorize any coach, manager, or member of Fall Conditioning Program to provide necessary medical treatments by a physician for my child if I am not present to give consent.

Parent/Guardian Signature: _____

_____ Date: _____