

“I believe fundamental skill development is crucial to producing high quality hockey players and believe this camp will do just that.”

Steve Kaatz



Casey Stern 06-07 Season

**Mc Farland Ice Arena
4812 Marsh Rd.**

Spartan
Training
Camp
August 12th - 15th



**Coaches:
Steve Kaatz
& Casey Stern**

**A camp assured to take
your Mite/Squirt/1st year
PeeWee to the next level so
they can enjoy playing in
the higher ranks.**

Developing hockey players from the ground up!

The Camp:

- The camp is intended for goalies and skaters that skated at the Mite and Squirt level last season [09-10].
- The camp will focus on stick handling, passing, shooting and skating technique

The Staff:

Steve Kaatz

- Junior at Edgewood College
- 4 years H.S. and AAA post season
- Head Coach McFarland Squirt B [09-10]
- Asst. Coach McFarland H.S. [09-10]
- Asst. Coach Madison Caps Spring 96s

Casey Stern—Goalie

- Senior at UW Eau Claire
- 4 year starter for Mc Farland H.S.
- Worked extensively with Bill Howard goalie camps last 4 years

*Additional staff to include coaches from McFarland and Deforest H.S. and alumni

Cost: \$75

Send Registration/Payment to:
Steve Kaatz—Spartan Training Camp
6166 Tuscobia Trl
Mc Farland, WI 53558

Contact Info:

Steve Kaatz: 608-219-7418
Casey Stern: 608-669-0070
spartantrainingcamp2010@yahoo.com

Daily Schedule:

Aug. 12 Ice— 7:45—9:15 pm
*arrive 45 mins. early to check-in

Aug. 13 Ice— 5:30— 7:00 pm

Aug .14 Dry—3:30— 4:30 pm

Ice—5:00—6:30 pm

Aug. 15 Dry—2:15—3:15 pm

Ice—3:45—5:15 PM

Ice Time

- 4 on ice sessions totaling 6 hours
- 1—1:15 will be dedicated to skills [and the last 15—30 mins. will be small area games or 3 on 3 depending on numbers.

Dryland

- 2 hours of comprehensive dryland training including plyometrics and conditioning

Goalies

- 30 mins each day will be dedicated to intense, specialized **goalie** skills and training.
- Multiple stations for skaters will use goalies upon completion of skills.

Location—Mc Farland Ice Arena

Registration: [deadline Aug. 1, 2010]

Participants Name: _____

Address: _____

City: _____ State _____

Age: ____ DOB: __/__/____

Team Played for 09-10 Season: _____

Level Played in 09-10 Season: Mite / Squirt

Emergency Contact:

Name: _____

Relationship to Player: _____

Contact Number: _____

In consideration of granting my child permission to participate in the Spartan Training Camp, the undersigned parent or guardian of the said child hereby consents such participation. I hereby discharge Steve Kaatz and his staff from all claims, demands, actions, and judgments. I assume all risks and understand that certain risks arise from my child playing hockey. I understand that we are responsible for our own insurance and the facility and Spartan Training Camp will be held harmless and exempt from all liability for injuries to our child while attending this camp.

Parent or Guardian Signature:

Email: _____

Spartan Training Camp - 6 hrs ice/ 2 hrs dryland - Ice at a great Price!