

2012 ICE HOCKEY CAMPS

at University School of Milwaukee

Select camp based on upcoming 2012-13 season.



FEATURED INSTRUCTOR: DAVID STECKEL, NHL center with the Toronto Maples Leafs. David will share his passion for the game and his experiences with the Maple Leafs, Washington Capitals, and New Jersey Devils through daily drills, games, and feedback. David will also break down a different phase of the game during the off-ice

portion of the day. What a great opportunity to develop your skills and learn the game from a NHL player!

MITES (U8)*

(For boys and girls ages 7-8)

Wk 1: July 23 – July 27 Wk 2: July 30 – Aug. 3
8:00 a.m. – 10:30 a.m.

Per-Week Pricing: \$335 (by 7/5) **\$360** (after 7/5)

SQUIRTS (U10)*

(For boys and girls ages 9-10)

Wk 1: July 23 – July 27 Wk 2: July 30 – Aug. 3
10:45 a.m. – 1:15 p.m.

Per-Week Pricing: \$335 (by 7/5) **\$360** (after 7/5)

BANTAM (U14)

(For boys and girls ages 13-14)

July 23 – July 27
1:30 p.m. – 4:00 p.m.

\$335 (by 7/5) **\$360** (after 7/5)

PEE WEE (U12)

(For boys and girls ages 11-12)

July 30 – August 3
1:30 p.m. – 4:00 p.m.

\$335 (by 7/5) **\$360** (after 7/5)

We need goalies! The first two goalies at each level are FREE!!

We encourage all girls to enter the age-appropriate camp. THIS CAMP IS FOR YOU!

*** Weeks 1 & 2 follow similar formats. Mites and Squirts are welcome to attend both weeks. ***

EQUIPMENT

We provide a jerseys. Please bring the rest of your necessary equipment. Skate sharpening, tape, and laces are available for purchase.

LOCKER ROOMS

Players may store their gear in the locker rooms during camp.

APPLICATION & PAYMENTS

Complete the application form and return it with a **check for the full amount** payable to:

University School of Milwaukee – Summer Programs
2100 W. Fairy Chasm Road Milwaukee, WI 53217

Complete registration on reverse side.

TERMS & CONDITIONS OF PAYMENT

- Full payment due at time of registration.
- USM parents may not bill their hockey camp registration fee to their School account.
- We are unable to take a deposit to hold space.
- There is a \$50.00 cancellation fee.
- You may change weeks provided there is space available.

NEW: Off-Ice Stick Handling & Shooting Camps
6/18-7/13 Call 414.540.3350 for flyer.

Check out other Summer I.D.E.A.S. programs for students
Age 3 – Grade 12 in academics, arts, sports, and more!

Mail form and fee(s) to: USM – Summer Hockey Camp 2100 W. Fairy Chasm Road Milwaukee, WI 53217-1599

ICE HOCKEY CAMP 2012 REGISTRATION

Name: _____ Grade (as of 9/12): _____ Birthdate: _____

Address: _____
(number, street name) (city) (zip code)

Phone: _____ (Please circle) Gender: M F USM Student: Yes No

Position Played: _____ (If goaltender position is selected, the student must remain goalie for that week. Your student may choose to switch to another position for the other week.)

Mark each selected program by recording the amount of the fee to be paid in the fee column.

Fee Due	Prog. #	Program	Early (by 7/6)	Regular (after 7/6)	Time
July 23 – July 27					
	G11	Mites (U8)	\$335	\$360	8:00 – 10:30 a.m.
	G21	Squirts (U10)	\$335	\$360	10:45 – 1:15 p.m.
	G41	Bantam (U14)	\$335	\$360	1:30 – 4:00 p.m.
July 30 – August 3					
	G12	Mites (U8)	\$335	\$360	8:00 – 10:30 a.m.
	G22	Squirts (U10)	\$335	\$360	10:45 – 1:15 p.m.
	G42	Pee Wee (U12)	\$280	\$310	1:30 – 4:00 p.m.

Please circle the correct size desired. For hockey jerseys, we recommend that you increase by *at least* one size to account for shoulder pads and growth of player.

Circle jersey size: Youth: Large XL Adult: Small Medium Large XL XXL

~ Jersey is included in program fee. ~

ACTIVITIES PARTICIPATION AND EMERGENCY MEDICAL PERMISSION

Participant's Name: _____

ICE HOCKEY CAMP

Parent(s)' Name(s) _____
(Indicate Title: Mr., Mrs., Ms., Dr.)

Parent's e-mail address _____

Address _____

Home Phone _____

Parent Cell Phone _____

Parent Business Phone _____

Medical Consent:

I consent to and authorize the provision of emergency medical treatment for my child until I can be contacted. I also agree to be responsible for the cost of said treatment

(Parent Signature)

 Emergency contact name & number

Insurance Co. _____ Policy # _____

MEDICAL INFORMATION (Please fill in where applicable)

Allergies (Describe): _____

Previous Injury Dates: _____

Regular Medication Required: _____

Additional medical information: _____