

BISON HOCKEY - PRESENTS
SPRING ADM CAMP –Mites / 8U
Stride, Balance, Edges

THE PROGRAM

The Spring Camp - Bison Mite Power Skating program is designed using the latest in power skating techniques, patterned after Dick Vraa, former professional skating instructor. Players will be better skaters when finishing the program. To be a great hockey player you have to be a great skater first! The Program will emphasis the technical skills necessary to improve all aspects of skating. Special emphasis will be placed on: Balance-Agility-Crossovers-Forward/Backward Skating and most importantly proper Form and Stride.

STAFF

Bison Coaching Staff and Coach Jim Rooney, Buffalo Power Skating Instructor and Rick Mueller, along with current and Former Bison Players, will assist, as well as some of current Mite instructors. Bison Staff have over 20+ years of coaching skating.

GENERAL INFORMATION

- **ARENAS:** Buffalo Civic Center
- **COST:** \$75.00 PER SKATER
- **SESSIONS:** 6 – 1 hour on-ice sessions (Starts March 21st ; Ends Wednesday, May 2nd)
- **AGES:** Current Mites and Mini-Mites (Mite Skaters will be given priority.
Use 2011-12 year to determine players level)
- **NUMBERS:** LIMIT 30 SKATERS *FILLS EARLY*
- **DAYS / TIMES:** WEDNESDAYS: Start Time 6:15pm (March 21, 28 April 11, 18, 25 May 2)

REGISTRATION

NAME: _____ LEVEL (2011-2012): _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
PARENT'S NAME: _____
EVENING PHONE: _____ DAY PHONE: _____

PARENTAL CONSENT FORM

In consideration of the acceptance of _____, applicant agrees that the Bison Hockey, and /or staff / coaches will not be held responsible for any accidents or loss of personal property, however caused, and agree to release the program from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks while watching and or participating in the Power Skating are assumed by the students and his / her parents or guardian and this assumption is acknowledged, approved by their signature hereto.

Signature of Parent/ Guardian: _____
Date: _____ Health Problems? Yes _____ No _____
Insurance Company: _____ Policy No.: _____

***Please remit \$75.00 by March 2nd to:
Jim Rooney, 4257 County Road 33, SE, Buffalo, MN 55313.**

Should you have any questions -- call – 763-684-0639.