

BISON HOCKEY - PRESENTS SPRING ADM CAMP – PW/12U/B/14U

THE PROGRAM

The Spring Camp is designed using the latest principles outlined in the American Development Model. The first half of each session is devoted to individual skill development while the second half will be competitive cross ice 3v3 games. Program is designed for the player who strives to compete at the highest level, and is willing to dedicate themselves to be the best they can be while enjoying themselves in a fun environment. The program will increase player speed, balance and edge control as well as help develop proper skating form and creativity thru cross ice games.

STAFF

Jim Rooney – National Skating Instructor, will head the Staff for 2012. We will also use Instructors Bob Driver, Rick Mueller and Duane Lundin, Litchfield High School Coach, and current BYHA Coaches. Rooney, Driver, Mueller and staff have trained and taught puck/skating skills and overspeed for the past 12 years.

GENERAL INFORMATION

- ARENA: Buffalo Civic Center
- COST: Pee wee/12U/ Bantam/14U - \$255.00 PER SKATER – GOALIES FREE
 - 15-1.5 hr on-ice sessions (Begins Monday March 19th – Ends Sunday May 6st)
- AGES: PEE WEE / 12U / BANTAM / 14U - (Current Season Level of Play)
- NUMBERS: LIMIT 30 SKATERS *FILLS EARLY*
- DAYS / TIMES: Monday: 7:30pm – 9:00pm
Thursday: 7:30pm - 9:00pm
Sunday: 7:30pm – 9:00pm
March 19, 22, 25, 26, 29. April 9, 16, 19, 22, 23, 26, 29, 30. May 3, 6.

REGISTRATION

NAME: _____ CAMP LEVEL: P/12/B/14
ADDRESS: _____
CITY: _____ ZIP CODE: _____
PARENT'S NAME: _____
EVENING PHONE: _____ DAY PHONE: _____
E-MAIL ADDRESS FOR UPDATES/CONFIRMATIONS: _____

PARENTAL CONSENT FORM

In consideration of the acceptance of _____, applicant agrees that, 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 Spring ADM Camp 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 \$255.00 - Pee wee/12U/Bantam/14U by *February 20th* payable to:
Jim Rooney, 4257 County Road 33, SE, Buffalo, MN 55313.

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