

# BISON HOCKEY - PRESENTS SPRING ADM CAMP – Squirts/10U

## 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 Brent Wittenberg, Rick Mueller and current BYHA Coaches. Rooney, Wittenberg and staff have trained and taught puck/skating skills and overspeed for the past 12 years.

## GENERAL INFORMATION

- ARENA: Buffalo Civic Center
- COST: Squirts / 10U - \$175.00 PER SKATER - GOALIES FREE
  - 10 – 1.5 hr on-ice sessions (Begins Monday March 19<sup>th</sup> – Ends Thursday April 26<sup>th</sup>)
- AGES: SQUIRT / 10U - (Current Season Level of Play)
- NUMBERS: LIMIT 36 SKATERS \*FILLS EARLY\*
- DAYS / TIMES: Monday: Squirts/10U - 5:45pm  
Thursday: Squirts/10U - 5:45pm  
March 19, 22, 26, 29. April 9, 12, 16, 19, 23, 26.

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## REGISTRATION

NAME: \_\_\_\_\_ CAMP LEVEL: Squirt / 10U  
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 \$175.00 - Squirts/10U by *February 20<sup>th</sup>* payable to:  
**Jim Rooney, 4257 County Road 33, SE, Buffalo, MN 55313.**

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