

2017 HIGH PERFORMANCE HOCKEY CAMPS

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____)-____-_____
Cell Phone: (____)-____-_____
Email: _____
Current Team: _____
Position: __ Offense __ Defense __ Goalie
Years Playing Experience _____ D.O.B. ____/____/____
Medical conditions: _____

JERSEY SIZE

Circle One: Youth M/LG Youth XL S M L XL

CHECK GROUP

___ Bantam/Midget (Ages 13-18) ___ Squirt/PeeWee (Ages 9-12)

\$395.00 before June 1st, \$425.00 after June 1st
Goalies: ONLY \$100.00 but limited to 4 per group

Check/Money Order Payable to:

High Performance Hockey

Submit completed registration form and payment to:

CAMP LOCATION

The Pond Ice Arena, Newark, DE

July 24th-28th, 2017

C/o HPH Camps, 101 John F. Campbell Drive, Newark, DE 19711

ATTN: Mark Cardillo, Phone: (302)266-0777 x10,

hockey@thepondicearena.com

ALL PLAYERS:

- Must have gym shorts, t-shirt, running shoes, and a water bottle.
- Must provide their own lunch
- Must wear full USA Hockey approved equipment for on ice activities.

Refund Policy:

Refunds are available only up to 30 days prior to the first day of camp and not any time after for any reason other than a documented medical release.

Hold Harmless Agreement

Having full knowledge of the nature of this activity and the hazards involved, I assume full responsibility for losses and injuries sustained while involved in this activity as it relates to HPH Camps. I also hold harmless HPH CAMPS, its INSURERS, THEIR AGENTS, AND EMPLOYEES, and ANY OF IT'S ASSOCIATES from any claims thereto.

Medical Release

The above applicant certifies that the participant has personal medical insurance coverage for any "bodily injury" that may occur and does hereby authorize HPH Camps and its employees and agents to make any and all decisions in my absence regarding medical emergency treatment of the above applicant and to sign the necessary hospital release forms in order to obtain medical attention

Please sign below to indicate your agreement with regard to the above Holds Harmless Agreement and Medical Release statements. Upon submission of this form, user/applicant agrees that he/she is over 18 years of age or is the legal guardian of the person indicated in the fields of this form below.

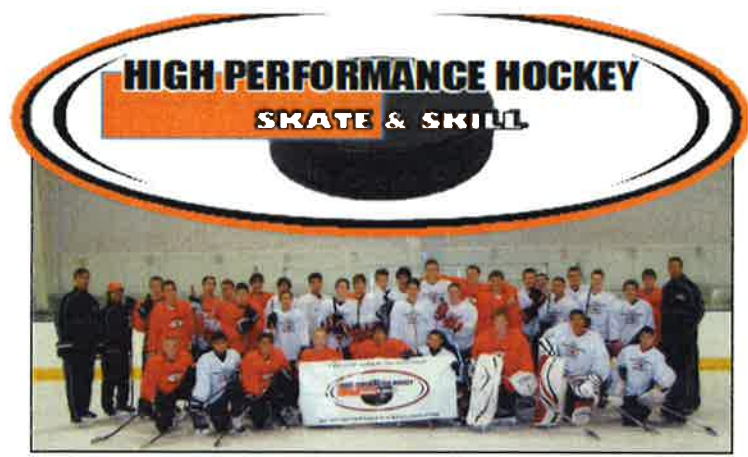
Parent/Guardian Signature: _____

Print Name: _____

Medical Insurance: _____

Insurance ID #: _____

In case of emergency, contact: (____)-____-_____



COACHES



CAMP HIGHLIGHTS

• 2 DAILY ON ICE SESSIONS

Power skating, body and stick positioning, puck handling techniques, proper angles and other hockey fundamentals

• INTENSE OFF ICE TRAINING

Plyometrics, strength and conditioning, and off-ice stick handling

• CLASSROOM AND VIDEO INSTRUCTION

• NUTRITION AND WELLNESS LESSONS

Plus fresh fruit and bottled water provided daily

• HIGH PERFORMANCE HOCKEY CAMP JERSEY

A positive and fun hockey experience!

VISIT WWW.HIGHPERFORMANCEHOCKEYCAMPS.COM

TO REGISTER BY CREDIT CARD AND FOR MORE DETAILS

