

Ice Hockey Clinic



Boys and Girls Ice Hockey

Pre-Season Warm-Up

September 14-18, 2009

Cairns Arena, South Burlington

Non-Profit
Organization
U.S. POSTAGE
PAID
Burlington, VT
05401
Permit No. 154



Athletic Department
One Winooski Park, Box 258
Colchester, Vermont 05439



SAINT MICHAEL'S COLLEGE ICE HOCKEY CLINIC HEALTH FORM

In case of emergency contact: _____ Phone: _____

I understand our family will provide insurance coverage if our son/daughter is injured while participating in the Saint Michael's College Ice Hockey Clinic:

Health Insurance:

Company: _____
Policy #: _____

Family Doctor:

I hereby state that my son/daughter is in good health and may participate in the Saint Michael's College Ice Hockey Clinic. I also give permission to the attending health professional, in case of emergency, to allow my son/daughter to be treated in the hospital emergency room, if necessary.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____

Please list any special health problems or special circumstances:

Return to: Saint Michael's College Ice Hockey Clinic, Athletic Department, One Winooski Park, Box 258, Colchester, Vermont 05439

About Our Program

SAINT MICHAEL'S COLLEGE ICE HOCKEY CLINIC

This program is designed to provide a one week of on-ice instruction and warm-up, prior to the start of the youth hockey season for both girls and boys.

For first-time players, the Saint Michael's College Ice Hockey Clinic will be a one-week introduction to a structured hockey program, offering exposure to the basic fundamentals taught at the youth hockey level. It will provide an opportunity for new players to get acclimated to their equipment, skates and ice drills.

For the experienced player, the Ice Hockey Clinic will be a one-week warm-up, prior to youth hockey team try-outs, to bring the players back up to speed (skating, timing and endurance) after a summer off.



FOR FURTHER INFORMATION, CONTACT:

Chris Davidson, Camp Director
Athletic Department, Saint Michael's College
One Winooski Park, Box 258 ■ Colchester, Vermont 05439
802.654.2551 ■ cdavidson@smcvt.edu

For information on other camps,
as well as printable applications and brochures,
please visit our Web site:
www.smcvt.edu/athleticcamps

General Information

COACHING STAFF

The Ice Hockey Clinic will be instructed by the Saint Michael's College hockey coaching staff: Head Coach Chris Davidson and Assistant Brian Bova, and members of the varsity team, the Purple Knights.

DATES ■ TIME ■ PLACE

Cairns Arena, South Burlington:
September 14-18, 2009 ■ 5 evenings

Group	Ages of girls/boys	Times
Group 1	7-15 years old	5:40-6:40 p.m.

- ★ All ages will skate at the same time. Students will be divided by skill levels.
- ★ Older players will skate against SMC players as well

FEES

- \$110.00 per player.
- Make checks payable to Saint Michael's College.

REGISTRATION

Enrollment is limited to 40 players per group. Applications will be accepted until we reach the quota per age group. The registration fee is non-refundable. **Please fill out the application in its entirety. Incomplete applications will be returned and registration delayed.**

EQUIPMENT

All players must wear proper equipment as specified by the USA Amateur Hockey Association. Each player is responsible for their own equipment.

MEDICAL/INSURANCE

Each player must be covered by family or other health insurance. A trainer will be on duty at all times.

FORMS

- You must complete the attached registration form. Any form not completely filled out will be returned.
- Complete the Statement of Health form on reverse side.

The payment of \$110 should accompany your application. \$25 of the total deposit is non-refundable. No refunds will be given to campers who voluntarily leave camp or who are sent home for disciplinary reasons.



SAINT MICHAEL'S COLLEGE ICE HOCKEY CLINIC APPLICATION

Name: _____ Date of Birth: _____ Position: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ T-shirt Size (circle one): Child: S M L Adult: S M L

Grade entering in fall: _____ School: _____ Age (at time of camp): _____

Name of Parent/Guardian: _____ Parent's Day/Work Phone: _____

E-mail for confirmation: _____

Please enclose \$110.00 registration fee and complete statement of health form on other side. (\$25 is non-refundable.)
Please make checks payable to Saint Michael's College.

Fee: _____ **Dates:** **September 14 to September 18, 2009**

Signature of Parent/Guardian: _____ **Applications will be accepted until camp is filled.**

Return to: Saint Michael's College Ice Hockey Clinic, Athletic Department, One Winooski Park, Box 258, Colchester, Vermont 05439

Office Only: Date Rec'd: _____ Amount Pd: _____ Check #: _____ Amount Due: _____ Initials: _____