

ICEPLEX HOUSE LEAGUE

Summer Skills & Conditioning Program



June 14 - August 18
10 Sessions - \$150.00
Drop in rate: \$20.00/per session



This program will provide the opportunity to develop your individual physical skills and knowledge of the game to your highest level.

Focus on:

continuous motion practices
power skating
stick handling

Goaltender drills and work-outs

shooting skills
edge control
conditioning skills

45 min class + 15 min. scrimmages per session

Pee Wee/Bantam (combined) – Ages 12 - 16

Schedule

Mon June 14 - 6:00 - 7:00PM	Mon. July 19 - 6:00 - 7:00PM
Mon June 21 - 6:00 - 7:00PM	Mon. July 26 - 6:00 - 7:00PM
Mon. June 28 - 6:00 - 7:00PM	Mon. Aug 2 - 6:00 - 7:00PM
Mon. July 5 - 6:00 - 7:00PM	Mon. Aug 9 - 6:00 - 7:00PM
Mon. July 12 - 6:00 - 7:00PM	Mon. Aug 16 - 6:00 - 7:00PM

Mite/Squirt (combined) – Ages 5 - 11

Schedule

Wed June 16 - 6:00 - 7:00PM	Wed. July 21 - 6:00 - 7:00PM
Wed June 23 - 6:00 - 7:00PM	Wed. July 28 - 6:00 - 7:00PM
Wed. June 30 - 6:00 - 7:00PM	Wed. Aug 4 - 6:00 - 7:00PM
Wed. July 7 - 6:00 - 7:00PM	Wed. Aug 11 - 6:00 - 7:00PM
Wed. July 14 - 6:00 - 7:00PM	Wed. Aug 18 - 6:00 - 7:00PM

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Parental Authorization

I, the undersigned parent/guardian of the above named registrant, hereby give my approval for his/her participation in any IcePlex Youth Hockey activities. I assume all the risks, hazards, and incidental expenses for such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless Raleigh IcePlex, directors, league officers, supervisors, officials, and coaches to any injury to my son/daughter whether the result of negligence or any other cause. In the event that one parent executes this agreement, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child in this program and to execute this agreement on his/her behalf.

No Refunds will be given to participants due to injury, who join another organization, relocate, are dismissed during any part of the program, or voluntarily withdraw from the program for any reason. ISI registration fees are non refundable.

Name: _____ DOB: _____

Address: _____ City/Zip: _____

Phone: _____ Wk#: _____

Email: _____ Parents Name: _____