



9 HOURS OF CONDITIONING AND SKILL BUILDING DRILLS

This high intensity camp is just in time for the high school hockey season. The camp will focus on skill development and conditioning, specifically designed for the high school hockey player. Both on and off ice conditioning drills will be used to get the students prepared for the demanding high school hockey season. The 7 hours of on ice instruction will focus on high intensity drills and scrimmaging to enhance the students' skill level.

Two Separate Sessions at the Wallace Civic Center (Landry Arena)

SESSION 1

| | | On - Ice | | Off-Ice |
|------|----------|-----------------|--------|----------------|
| Mon | 11/17/08 | 5:20 - 6:20 | Landry | 6:20 - 7:20 |
| Tue | 11/18/08 | 4:10 - 6:20 | Landry | |
| Wed | 11/19/08 | 5:20 - 6:20 | Landry | 6:20 - 7:20 |
| Thur | 11/20/08 | 4:10 - 6:20 | Landry | |
| Fri | 11/21/08 | 5:20 - 6:20 | Landry | |

SESSION 2

| | | On - Ice | | Off-Ice |
|-----|----------|-----------------|--------|----------------|
| Mon | 11/24/08 | 5:20 - 6:20 | Landry | 6:20 - 7:20 |
| Tue | 11/25/08 | 5:20 - 7:30 | Landry | |
| Fri | 11/28/08 | 5:20 - 7:30 | Landry | 8:30 - 9:30 |
| Sat | 11/29/08 | 10:10 - 12:20 | Landry | |

**To participate in off-ice conditioning all players must have proper attire including sneakers.*

Sign-up early, both sessions sold out last year!

\$175 per session or \$320 for both sessions session1 session2

Name _____ High School _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Home Phone # _____

Parents' names _____

Hockey

Position(s) _____ Height _____ Weight _____ Shot: Left or Right

HOLD HARMLESS AGREEMENT: In consideration of your enrolling my son/daughter in this program, I agree to indemnify and hold harmless the Peak Performance Hockey Camp, The Wallace Civic Center, and the W.C.C. Board of Trustees and all its officers, agents, employees and participants from all claims, liability, loss, damage, expense which may in any way, arise from my son/daughter's participation in the Peak Performance Hockey Camp. To the best of my knowledge my son/daughter is sound of health and I know no reason why he/she cannot participate in this program.

Name of Physician _____ Parent's Signature _____ Date _____

**MAKE CHECK PAYABLE TO: Peak Performance Hockey
572 Stickney Road
Fitchburg, MA 01420**

For more information contact Kevin Lizotte, Head Coach St. Bernard's High School, at 978-343-8136 or Eric Short, Head Coach Lunenburg High School, at 978-833-2494.