

# ATTENTION HIGH SCHOOL HOCKEY PLAYERS!



## 7 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, conditioning, and high-tempo decision making specifically designed for the high school hockey player. On-ice conditioning drills will be used to get the students prepared for the demanding high school hockey season. All sessions will have conducted by current and former high school and prep school coaches.

### *Cushing Academy, Ashburnham, MA*

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>
Monday, November 20, 2017	6:00PM	8:00PM
Tuesday, November 21, 2017	8:00PM	9:00PM
Friday, November 24, 2017	10:00AM	12:00PM
Saturday, November 25, 2017	12:00PM	2:00PM

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*Clinic cost is \$190 per. A \$100 deposit must be mailed to reserve your spot.  
Balance due at the first clinic.*

Name \_\_\_\_\_ High School \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Parents' name \_\_\_\_\_

### **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, FMC, 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  
46 Prospect Hill Road  
Harvard, MA 01451**