



PICK UR HOCKEY POISON JULY 20th TO 24th



Pick your Hockey Poison Week was created to give players a non-traditional camp format so they can choose what skills they feel they need the most development on. Each Day is a full camp day, with 3 hours of ice time, off ice activities and includes an all you can eat lunch. Players can choose how many days they want to attend or they can sign up for the full week. Each day of the week will focus on specific training so players can get the most out of the day.

Hockey Director: Justin Stanlick

Monday

Power Skating & Puck Skills – Power Skating will concentrate on Balance, Posture, edge control, stride extension & stride recovery. Puck Skills will consist of Stick Handling, Passing, Puck Protection, and some shooting.

Tuesday

Shooting & Scoring – This day will be dedicated to the proper shooting techniques (Weight transfer, quick release, & accuracy) and the ability to score goals. Arms will be tired by the end of the day with all on-ice and off-Ice work being dedicated to just shooting.

Wednesday

Body Contact & Defensive Positioning – Wednesday is the day that we will be working on the correct way to initiate & receive body contact as well as concentrating on the defensive side of the puck. The most effective players in the game of hockey are the ones that can play in all three zones of the game.

Thursday

Battle, Compete & Small Games- Today is the day we attempt to create high levels of competition in an array of small games and body positioning drills. In the fastest game on earth nothing is given to you, you have to compete at your highest level to earn positioning and glory.

Friday

Over-Speed Scrimmage Day – Friday is all about scrimmaging in a controlled and safe environment. Players will be able to just get on the ice and Play while Coaches will be stopping the scrimmages to teach and correct the decisions made and positioning of players. 8&U group will follow USA Hockey's ADM and will only be playing cross-ice & Half ice games.

PLAYERS PLEASE BRING YOUR OWN JERSEY
ALL YOU CAN EAT LUNCH IS INCLUDED IN EACH DAY OF CAMP

PRICING:

1 Day
2 Days
3 Days
4 Days
5 Days



\$100
\$175 (Savings of \$25)
\$250 (Savings of \$50)
\$325(Savings of \$75)
\$400(Savings of \$100)



ICE VAULT

PICK UR HOCKEY POISON

July 20th to 24th



Name: (First) _____ (Last) _____

D.O.B. ____/____/____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail _____

Parent's Name: _____

Work Phone: _____ Home Phone: _____

Position (circle one) GOALIE DEFENSE FORWARD

Level: (circle one) MITE SQUIRT PEEWEE BANTAM

PLEASE CIRCLE ONE

1 DAY (\$100) 2 DAYS (\$175) 3 DAYS (\$250) 4 DAYS (\$325) 5 DAYS (\$400)

CHECK IN/OUT TIME FOR MONDAY TO FRIDAY for Mites/Squirts 8:15 to 2:30
CHECK IN/OUT TIME FOR MONDAY TO FRIDAY for PW/Bantam 8:30 to 4:15

TIMES AND DATES ARE SUBJECT TO CHANGE

CIRCLE CLINIC SELECTIONS

Power Skating & Puck Skills (**Monday**) Shooting & Scoring (**Tuesday**)

Body Contact & Defense Positioning (**Wednesday**)

Battle, Compete & Small Games (**Thursday**) Over-Speed Scrimmage Day (**Friday**)

PLAYERS PLEASE BRING YOUR OWN JERSEY

Are you currently a member of USA Hockey? **YES** _____ **NO** _____

If **yes**, Please submit a copy of your card or proof of USA Hockey Registration.

If **no**, Please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault. Please note registration for players born 2014 & younger are free.

PAYMENT POLICY & INFORMATION

NO REFUNDS

Number of Days: _____ Total Amount: _____

Amount Paid: Check # _____ MC/Visa _____ AMEX _____ Discover _____

Card Number: _____ Exp: ____/____/____ Code: _____

Name on Card: _____ Signature: _____

WAIVER RELEASE

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her son/daughter, or ward, a minor on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ Date ____/____/____