

Medical/Liability Release

If in the event my child is injured during the absence of a parent or legal guardian, I give permission for any staff member to seek medical attention.

I/we understand that participation in the Eastview Girls Hockey Summer Program is at my/our own risk and agree to hold harmless and indemnify any staff of the Eastview Girls Hockey Summer Program from liability for injury, harm or other damages that my child may sustain while being a participant.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and understand that said sport and activities involve risk to participant's person including bodily injury, partial or total disability, paralysis, and death and damages which may arise and that I/we have full knowledge of said risks. It is further acknowledged that there may be risks and dangers not known to us or are not reasonably foreseeable at this time.

Parent/Guardian Signature:

Date: _____

Please list any health issues or allergies of participant:

On-Ice Dates/Times

Grade 7-12

Ice Time 2:00-3:00

Off Ice 12:30-1:45

June 13, 15, 17, 22, 24, 27, 29

July 8, 11, 13, 15, 18, 20,

21(ice 1:30-2:30), 22 (no off-ice)

Questions

Call Herb at 952-484-6194

Email hsharvey@charter.net

Training will focus on

Under and Over-Speed skating

Individual skating

Stride & Edges

Puck protection

Stick handling

Shooting

Passing skills

Forward Skills

Defensive Skills

Small Sided Games

Strength Development

All Sessions at Eagan Arena

DEVELOP SKILLS

**2011
Eastview
Girls
Hockey
Summer Program
June 13—July 22**



15 Hours of Ice, plus off-ice

**Instruction provided by
Eastview High School Girl's
Coaching Staff**

Grades 7-12

Program Focus

The focus of the Eastview Hockey Summer Program is to provide athletes a training program in a challenging, fun and safe environment. The goal is for all athletes to **develop and improve skills** in the areas of skating, stick-handling, shooting, passing and hockey sense. Players will be grouped according to skill level.

Practicing correct technique through repetitions has proven to improve an athletes ability to perform certain skills. In the Eastview Girls Hockey Summer Program athletes will be taught proper technique and will have the opportunity to perform and practice these techniques in different situations.

Techniques will be learned through a series of drills, small sided games and competitive situations. Players will be pushed to perform outside of their comfort zone. We will teach the skill, practice the skill, and then will increase the tempo while performing a skill so athletes can perform skills at game speed.

Player Participation

**30 skaters
and 4 goalies**

Instructional Staff

Herb Harvey:

Eastview Lightning Head Coach, 18 years high school coaching experience.

Ben Storm:

Eastview Lightning Assistant coach.

Scott Kauchick:

Eastview Lightning Assistant Coach/Goalie Coach. 20 years of goalie instructional experience.

Other guest staff will be working throughout the summer. Some staff will not be at all sessions.

2011 Scheduled Dates

June

Monday	Tuesday	Wed.	Thursday	Friday
13		15		17
		22		24
27		29		

July

Monday	Tuesday	Wed.	Thursday	Friday
				8
11		13		15
18		20	21	22

Program and Fees

Off-Ice:

- High school age players should sign-up for Super Group Strength Training at Eastview High School separately.
- Daily shooting, stick-handling, sprints and hockey specific jumps will be conducted off-ice.
- There will be an emphasis on shooting skills and technique both on and off ice.
- Wear tennis shoes and bring your stick to shoot every day.

Fee: Skaters \$400

Goalies \$150

- 10% Discount for 2+ family members
- Register early to reserve position
- A \$200 non-refundable deposit or payment in full is due with registration
- 2nd payment of \$200 is due June 1, 2011
- A confirmation email will be sent when registration is received

Player Registration

Complete this section and disclaimer on backside.

*****Register early to guarantee position*****

Participant _____

Date of Birth _____

Parent(s) _____

Address _____

City _____ State _____

Zip Code _____

Home Phone _____

Cell (mom) phone _____

Cell (dad) Phone _____

Email _____

Team/level last season (please circle)

12A 12B 14 JV Varsity

Position (please circle)

Forward Defense Both Goalie

Checks Payable to: Herb Harvey

Mail to: Eastview Summer Program
9405 204th Street West
Lakeville, MN 55044

Questions: Call or email Herb Harvey
hsharvey@charter.net
(952) 484-6194

