

# Power Skating & Stickhandling Camp

## with Mike Kim & Brian May

Register online @ <http://hockey.icehousenj.com/thanksgiving-camp-2019-registration/>

**Friday, November 29 – Sunday, December 1, 2019**  
**9:00 am – 3:00 pm**

- Mike Kim & Brian May - lead power skating and stickhandling instructors
- For players born in 2008, 2009, 2010, 2011, 2012, 2013
- 3 ¾ hours on-ice per day
- Camp Fee - \$300 (or \$125 per day)
- Goaltenders Free - maximum 3



### DAILY SCHEDULE

- |               |                   |   |
|---------------|-------------------|---|
| • Drop Off    | 9:00am            |   |
| • Session 1   | 9:15am – 10:30am  | Power Skating                                     |
| • Break       | 10:30am – 11:00am |   |
| • Session 2   | 11:00am – 12:15pm | Stick Skills                                      |
| • Lunch Break | 12:30pm – 1:15pm  | (bring your own lunch or purchase from Snack Bar) |
| • Session 3   | 1:30pm – 2:45pm   | Scrimmage   |
| • Pick Up     | 3:00pm            |   |

### **2019 Thanksgiving Camp Registration**

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NAME	DATE OF BIRTH	POSITION
ADDRESS		
CITY, STATE, ZIP		
PARENT'S NAME	CELL PHONE #	
E-MAIL ADDRESS		

(Circle)

**3 days - \$ 300**

**Friday - \$125**

**Saturday - \$125**

**Sunday - \$125**

### PAYMENT INFORMATION **\*NO REFUNDS OR CREDITS (INCLUDING WEATHER RELATED CANCELLATIONS)**

AMOUNT \$ \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ (make checks payable to Ice House Hockey)

**\*\*IF PAYING BY DEBIT OR CREDIT CARD, PLEASE USE THE LINK ABOVE\*\***

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Name & Billing Address on Credit Card \_\_\_\_\_

WAIVER: I acknowledge and assume all risks of injury associated with participation in the ICE HOUSE'S hockey programs. I also agree that Midtown Bridge LLC d/b/a ICE HOUSE ("ICE HOUSE"), and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable for any injury or damage, however caused, resulting directly or indirectly from my participation in any ICE HOUSE programs at any time proceeding, during or after such program is in session. I further understand that no medical, dental, or accident insurance is provided by ICE HOUSE to any participants in the hockey program. I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me. I intend this release to be a general release of any and all claims to the fullest extent permissible by law. I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ice House**

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**Hackensack, NJ 07601**

**Phone (201) 487-8444**

[www.icehousenj.com](http://www.icehousenj.com)