

Eisenhower High School Summer Hockey Camp

When: June 17 – June 20 (Camp Date)

Where: Suburban Ice Macomb

Who: Hockey Players - High School & Junior High Aged Students

Camp Objective:

- Skills - Power Skating, Stick Handling, Passing, and Shooting
- Checking drills; shoulder and hip checks, covering and playing angles
- Game concepts and tactics; Small Games
- Strength & Conditioning; plyometrics for explosiveness and quick lateral movement, stretching, off-ice skills, summer workout routine and skills routine
- Development of strength, agility, quickness, balance, flexibility

*Camp space and availability is limited to the first 40 skaters per camp plus goalies

Session #1: 6/17 – 6/20 @ Macomb - *Varsity Level Players Only!

(9th – 12th grades) Cost = \$145.00 (*Late Registration after 6/10/13 - \$165.00)

M, T, W, Th 9:00-11:00 a.m. On Ice (2.0 hours) & 11:00-12:00 p.m. Off Ice (1.0 hour)

- Players should arrive at 8:30 a.m. Player pick up should be around 12:00 p.m.

Session #2: 6/17 – 6/20 @ Macomb - JV & Varsity Eligible Players

(*6th - 11th grades) Cost = \$130.00 (*Late Registration after 6/10/13 - \$150.00)

M, T, W, Th 1:00 – 2:30 p.m. On Ice (2.0 hours) 2:30 – 3:30 p.m. Off Ice (1.0 hour)

- Players should arrive at 12:30 p.m. Player pick up should be around 3:30 p.m.

Option #3: Double Session: Sessions 1 & 2 6/17– 6/20 (Varsity level players only, 8-12 grade) Cost = \$250.00 (*Late Registration after 6/10/13 - \$275.00)

*Player must provide own lunch. M, T, W, Th 9:00am – 3:30 p.m. On Ice (3.5 hours) & Off Ice (2.0 hours)

***Camp Refund Policy** – A full refund less a \$25.00 administrative fee will be granted for any cancellation request received at least 2 weeks prior to the start of camp. Any cancellations or refund requests received after will not be eligible for a refund.

PLEASE FILL-OUT THE REGISTRATION FORM AND THE PARENTAL CONSENT / WAIVER RELEASE FORM, ATTACH PAYMENT AND MAIL ALL FORMS TO THE ADDRESS BELOW.

Eisenhower Hockey Summer Camp Registration Form

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell #: _____

Email Address: _____

Shirt Size: (Adult) _____ Jersey Size: (Adult) _____

*Players will receive one or the other (not both).

Check All That Apply: *I'm registering for...*

Camp Session #1 _____ Session #2 _____ Combined - Option #3 _____

Amount Enclosed: _____ Check # _____

Make checks payable and mail to: Bob Hall

DUE BY: June 10, 2013

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