

****ATTENTION ALL HOCKEY PLAYERS****

**CONTACT: BRETT HARPER
CELL: 651-210-6390
EMAIL: XSTHOCKEY@GMAIL.COM**



**CONTACT: CAL MISKA
CELL: 651-720-2847
EMAIL: XSTHOCKEY@GMAIL.COM**

XPLODE 2017 SUMMER HOCKEY CAMP

*****ALL-POSITIONS--LIMITED NUMBERS==REGISTER ASAP*****

“We’re excited as a staff to bring an Elite Hockey Camp to Chisago County. This is a great opportunity for surrounding associations to build stronger competition and to work with high level athletes ON ICE.”



Hunter Miska



Calvin Miska



Riley Tufte

Our goal at XST Summer Hockey Camp is to push your kid to their full potential and improve their hockey skills. i.e. *Edge Control, Power Skating, Puck Control, Stick Handling & Shooting*. This is a great opportunity for surrounding associations to work with College Level Athletes and Trainers.

JUNE 13TH --- JULY 27TH (JULY 4 WEEK OFF) 18+ HOURS OF ON ICE TRAINING!

MITES/SQUIRTS ON ICE

8:00am – 9:30am (1.5hr Sessions)

PEEWEEES/BANTAMS ON ICE

9:50am – 11:20am (1.5hr Sessions)

LOCATION: CHISAGO ICE ARENA

COST: \$350 PER PLAYER

CAMP WILL RUN FOR 6-WEEKS, 2X/WEEK. TUESDAYS/THURSDAYS

Registration Information on Back

To Register: Fill out the Registration Form below and drop off (along with payment) to the Xplode facility, our physical building address is 38955 Forest Boulevard, North Branch, MN 55056

OR

Mail form and payment to: Xplode Sports Training, 4608 361st Street, North Branch, MN 55056. * *Mailing Address Only!**

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****CAMP WILL RUN FOR 6-WEEKS 2X/WEEK TUESDAY/THURSDAY****

Keep the section above for the XST Camp Dates and Times.

Cut Here

Questions: Contact- 651-210-6390 (Brett) or 612-720-2847 (Cal) or XSTHockey@gmail.com

XST HOCKEY 2017 --Registration Form

Athlete's Name: _____ **Age:** _____ **Grade:** _____

Address: _____ **Position:** _____

Shirt/Jersey Size: (Circle One) Child: S M L Adult: S M L

Phone Number: _____ **Email:** _____

WAIVER & RELEASE FORM

I fully understand that Xplode Sports Training, LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Xplode Sports Training, LLC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Xplode Sports Training, LLC staff to call our doctor and to seek medical help, including transportation by a Xplode Sports Training, LLC staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Xplode Sports Training, LLC staff deem this is necessary.

We, the staff of Xplode Sports Training, LLC recognize our obligation to make our athletes and their parents aware of the risks and hazards associated with the sports and physical activity. Athletes may suffer injuries possibly minor, serious or catastrophic in nature. Athletics and other physical activities can be dangerous and can lead to injury or death.

Parents should make their children aware of the possibility of injury and encourage their children to follow all of the safety rules and the coaches' and staff member's instructions.

Xplode Sports Training, LLC its coaches and other staff members, will not accept responsibility for injuries sustained by any student-athlete during the course of speed camps and other physical activities, or in the course of any exhibition, or clinic in which he/she may participate, or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Xplode Sports Training, LLC, my executors or other representatives, waive and release all rights and claims for damages that my child may have against Xplode Sports Training, LLC and its representatives whether paid or volunteer.

I also affirm that I know and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's and my own protection.

Parent/Guardian Signature: _____ **Date:** _____