The Select Womens Elite Athletic Training program is designed for present and future players of the North Metro Stars Girls High School Hockey Program. This program will give players the opportunity to train during the summer, improving hockey skills and becoming familiar with the North Metro Stars coaching staff/high school program. This is an opportunity for the North Metro Stars Youth to train in the summer with the North Metro Stars Girls High School Hockey Coaching Staff.

INFORMATION:
Who can attend:
- All North Metro U10 and U12 Returning Players.
- All players who are considering playing for the North Metro Stars Girls U10 or U12 team for the 2013-2014 Season.
- U10 and U12 Girls Hockey Players for 2013-14 season.

Fee: $165 per player

Full Payment is due on or before June 10th before you will be allowed to take the ice.

Program includes: On-ice instructional training, Off-ice plyometric dryland sessions, shooting range and stickhandling training, SWEAT practice hockey jersey

Safety: Participants are required to supply all protective equipment recommended by USA Hockey.

SWEAT Staff:
Aubri Lindberg: North Metro Girls High School Hockey Head Coach
Champlin Park Girls High School Hockey Assistant Coach and JV Head Coach 2010-2012
Coon Rapids Girls High School Hockey Assistant Coach and JV Head Coach 2008-2010

Jody Horak: North Metro Girls High School Hockey Assistant Coach
Roseville High School Assistant Coach 2007-2010
Augsburg College Assistant Coach 2010-2012
U of M Women’s Gopher Hockey All-American Goaltender 2001-2005
U of M National Champion 2004 and 2005

Ashley Stenerson: Current forward on the U of M Women’s Gopher Hockey Team
Began her career at the U of M in 2010
U of M National Champion 2012

Heidi Spensley: North Metro Girls High School Hockey Assistant Coach and JV Head Coach
Played College Hockey for Hamline University 2002-2004
Tri-City Assistant Hockey Coach 2005-2006
North Metro Assistant Coach 2008-Present

Brent Lindberg: North Metro Girls High School Hockey Assistant Coach
20+ years of experience coaching hockey at various levels
The program consists of: 11+ hours on-ice training, 6+ hours plyometric training, and 5+ hours of shooting and stickhandling training.

**Dates:**

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<thead>
<tr>
<th>Date</th>
<th>Ice Time</th>
<th>Dryland</th>
<th>Shooting/Stickhandling</th>
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<tbody>
<tr>
<td>June 10th</td>
<td>1:00pm-2:00pm</td>
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<td>June 14th</td>
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<td>June 17th</td>
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<td>June 21st</td>
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<td>June 24th</td>
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<td>July 8th</td>
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<td>July 12th</td>
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<td>July 15th</td>
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<td>July 30th</td>
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**Ice Time, Dryland, and Shooting/Stickhandling Location:**

Brooklyn Park Ice Arena Rink #2 **Equipment storage space available**

**Description of each of the activities:**

**ON ICE/ICE TIME: @Brooklyn Park Community Center Rink #2**
- Skating techniques, edge work, over speed drills and power skating.
- Shooting, shot selection and power shooting skills.
- Stick handling and puck control/carrying
- Passing skills
- Specific offense, defense and goalie drills
- Learning different hockey strategies and systems
- Conditioning

**DRAILAND PLYOMETRIC TRAINING @Brooklyn Park Community Center**
- Focus on Agility, Strength, and Power
- Focus on Balance and Coordination
- Difficult foot drills and floor patterns to increase speed and agility
- Squats, lunges and other exercise to increase strength and power
- Focus on core, back, shoulder, and arm strength

**SHOOTING/STICKHANDLING @Brooklyn Park Community Center**
- Different shots (wrist-shot, slap-shot, snap-shot, backhand, etc.)
- Accuracy
- Quick hands
- Develop strong wrists
- Keeping head up
MAKE CHECKS PAYABLE TO:
  SWEAT

MAIL FORMS AND PAYMENTS TO:
  Aubri Lindberg
  2903 9th Ave N.
  Anoka, MN 55303
  612.296.0069 (C)

PLEASE RETURN WITH PAYMENT

Name____________________________Address____________________________________

City/State/Zip______________________________________________________________

Level Played Last Year___________GRADE for 2013-2014________________________

Position_______________________Email Address________________________________

Emergency phone # and Contact_______________________________________________

Make Checks Payable to: “SWEAT” Amount enclosed_________________________
Select Womens Elite Athletic Training Release and Medical Consent Form

Player's Name: ___________________________________________ Player's Date of Birth: _____/_____/______

In consideration of being allowed to participate in any way in the Select Womens Elite Athletic program (SWEAT) and related events and activities, the undersigned hereby:

1. Voluntarily and knowingly recognize, accept, and assume all risks related to the sport and release SWEAT, and its agents, officers, officials, employees, instructors, and coaches from any and all liability. Also, it is further agreed that any equipment which SWEAT may use in conducting its programs is not guaranteed or warranted in any fashion, except as indicated by the manufacturer.

2. Acknowledge that it is the participant's responsibility to be properly insured and/or to pay any medical costs in the event of an injury.

3. Intending to be legally bound, thereby does hereby release, waive, unconditionally discharge and agrees not to sue SWEAT or any of its administrators, officers, directors, agents, coaches, and other employees or volunteers of the organization or its sponsoring agencies, for any and all liability to each undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence to the release of otherwise in connection with association or entry in and/or arising in participation in any or all of the SWEAT official or unofficial activities, events or competitions.

4. Agree that prior to participating, will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or a supervisor of such conditions and refuse to participate.

5. Agree to follow the rules established by SWEAT for the duration of participation in the program.

6. Agree to abide by any decisions made by SWEAT in regards to removal from participation in any or all of the SWEAT official or unofficial activities, events or competitions, including permanent removal from the program.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY. THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST SELECT WOMENS ELITE ATHLETIC TRAINING (SWEAT), ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM SWEAT'S NEGLIGENCE.

Signature of Parent: ___________________________________________ Date: ______/_____/______

Emergency Medical Consent Form

As parent or legal guardian of the above named player, hereby grant permission to give emergency medical treatment (diagnostic, medical, or surgical) by qualified medical personnel deemed necessary in the event that I cannot be reached. I request that in my absence, the named player may be admitted to any hospital or medical facility for diagnosis and treatment. I authorize the SWEAT staff to summon an ambulance to transport the participant to the hospital, or nearest facility based on the conditions pertaining to the incident. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, dentists, to perform any diagnostic procedures, treatments procedures, operative procedures and x-rays on the above minor. I have been given no guarantee as to the results of examination or treatment.

I accept any and all responsibility for all costs associated with the medical care of the above player.

Signature of Parent: ___________________________________________ Date: ______/_____/______

Emergency Contact Name: _____________________ Emergency Contact Phone: _____________________

Player's Physician/Clinic: ___________________________ Phone: _____________________

Any medical problem(s) we should know about:____________