

# ANDOVER HUSKIES

*15th Annual Summer High School Hockey Development Program*

*Including Bantams and Pee Wees/2<sup>nd</sup> Year Squirts*

**"Champions are made in the off-season"**

**Program Emphasis:**

- \* Improve overall mental and physical hockey abilities \*
- \* Increase player strength and agility \*
- \* Get to know the high school coaches, team systems, and expectations \*

**\*Coaches Include:**

Andover Boys HS Staff, Tyler Vold (Andover HS Captain, NAHL, Bemidji State University D1), Christian Mohs (Andover HS Captain, NAHL, Miami OH D1), Chase Perry (Andover HS Goalie, NAHL, RPI D1, Detroit Red Wings draft pick)

**Schedules and Fees**

High School/Bantam/Pee Wee - June 10-27, July 8-25, Monday thru Thursday, 6 week Program

HS/Bantam On-Ice 10:40am-12:10 or 12:25-1:55

\$625

HS/Bantam Off-Ice Andover HS Wt. Rm 10:30am-11:40 or 12:30-1:40

**\*\* HS exact times dependent on group assignment in June. There will be two groups of HS/Bantams.**

Pee Wee/2<sup>nd</sup> year Squirts 3 days/week - Monday and Thursday - Off-Ice at ACC 2-3, On-Ice 3:20-4:50

Wednesday - Off-Ice at ACC 8-8:40am, On-Ice 9-10:30am

\$490

All Goalies

\$300

**Application - Due May 15 - All balances due the first day of the Program**

Player Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Last Season Team \_\_\_\_\_

High School Boys/Bantams \$625 \_\_\_\_\_ Goalie \$300 \_\_\_\_\_ Pee Wee/Sq \$490 \_\_\_\_\_

- *HS/Bantam players must register on line through Community Ed for the weight room program.*
- *Cost is \$50. A link will be provided when it is available.*
- *Tournaments are optional and will be an extra cost. Players will be invited based on attendance, work ethic, and ability to compete at the level of the tournament.*

**Send registration and checks payable to Manney Hockey - 1411 152 LN NW Andover, MN 55304**

Questions - Bill Thoreson 763-370-7051, [thorhockeyhouse@aol.com](mailto:thorhockeyhouse@aol.com)

Mark Manney 763-567-8953, [mmanney@aol.com](mailto:mmanney@aol.com)

**Medical Release**

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

Release of Liability/Acknowledgement of Risk

I/we agree to abide by the conditions of the Andover Husky Summer Hockey Development Program. I/we understand and appreciate that participation and observation of Andover Husky Summer Hockey Development Program is done at my/our own risk and agree to hold harmless Andover Husky Summer Hockey Development Program, all employees, instructors, and volunteers for any claim whatsoever.

\_\_\_\_\_  
Signature of Parent or Legal Guardian and Date

**Emergency Contact**

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