

# **ANDOVER MITES/U8 SUMMER HOCKEY 2021 PROGRAM**

*The Andover Mites/U8 Summer Program will develop the young player through on ice instruction. This program will focus on skating, stick skills, having fun, and developing a love for hockey! This program is intended for Boy and Girl C and D mites and U8 players to keep their development improving during the off season. In addition, players will form relationships with current and former HS players who will be coaching these sessions.*



*My daughter was a D mite last year and I have seen first hand at the HS level how important it is to give ALL players the right opportunities to have future success as a team- so let's get this group going!*

**Who:** C and D Mites and U8 players entering the 2021-22 season.

**Where:** Andover Community Center

**Time:** Thursdays June 3-August 26\* 12 sessions  
530-630pm  
\*No Ice July 8

**Cost:** \$250\*

**Payment is due by May 15, 2021.**

Sibling Discount: \$75 off Total Bill

## **Lead Instructors**

*Melissa Volk, Andover Head Coach (2013-current)*

- Additional coaching experience: Upper Midwest Elite League, MN High Performance Camps, Os Hockey Training
- CSCS Strength and Conditioning Coach; ACSM Health Fitness Specialist
- St. Olaf College, BA Exercise Science & Management; St. Cloud State Univ., MS Sport Management
- St. Olaf College Hockey (2005-09)

*Current HS Coaching Staff and Players*

*Current Collegiate Players (Former Huskies)*

Let me know any questions you may have. Thank you!

Melissa Volk

612.810.1089

melissasailor3@gmail.com

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Please mail entire form and payment to:

Melissa Volk  
6211 167<sup>th</sup> Ave NW  
Ramsey, MN 55303



## **Player Information**

**Player Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Level Played Last Year** \_\_\_\_\_ **Grade for 2021-22** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact and Phone#** \_\_\_\_\_

**Make Checks Payable to: "Andover Summer Training (AST)"**                      **Amount enclosed** \_\_\_\_\_

## **Waiver**

I acknowledge and fully understand that each participant, attendee is voluntarily engaging in activities that involve risk of injury (even catastrophic injury) which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used, and that further, that there may be a risk not known to the Andover Girls High School Team and Andover Summer Training Coaching Staff or Andover Girls High School Booster Club not reasonably foreseeable at this time. I further assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury and acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency. Intending to be legally bound thereby, I hereby release, waive, unconditionally discharge and consent to not sue Melissa Volk, the Andover Girls High School Summer Training Team and Players, or Andover Girls High School Booster Club organizers, administrators, officers, coaches, and other employees or volunteers of the organization.

The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of AST and acknowledges that use thereof by the undersigned participating, despite reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

District Waiver: The enrolled participant does for themselves, heirs, executives, and administrators waive and release any and all rights and claims for damages we may have against the Anoka-Hennepin ISD#11, or other district sites for any and all injuries suffered by me or my child while participating on and/or arising from the use of any facilities of the above-mentioned school district. By the signature below, we also recognize the contagious nature of COVID-19 and voluntarily assume any risk to which we may be exposed to from said enrollment.

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_