

## 2020 BLUEJACKET STP REGISTRATION INFORMATION

The Bluejacket Summer Training Program is designed to provide a competitive, structured, and fun environment where all athletes can improve and strive to reach their full potential. This Program is available to 2020-21 Bantam/15U, PeeWee/12U and Squirt/10U age groups. It's a great opportunity for younger players to interact and connect with the high school coaching staff and varsity players, learning to be students of the game!

**Each day there is a clear focus in what we do** - Monday is edge work and small area day – Tuesday is edge work and D and F splits – Wednesday is edge work and passing flow drills and battle – and we will save time to scrimmage for creativity and fun (In addition, scrimmages may be scheduled with other teams in lieu of practice for the Bantam age group on one or two occasions).

**Strength Training, Sprint Work and Yoga for Bantams** - The summer workouts will focus on becoming a better athlete and better hockey player. Not only will agility, balance, coordination, speed and strength be an everyday focus, this also serves as team building; players pushing each other to get stronger and faster. Strength sessions will be integrated with high school players approximately 45 minutes in length three days a week as well as yoga and sprints on Fridays.

### PROGRAM INCLUDES:

#### Bantams

- 18 On-Ice Hours (9-10am) M,T,W  
*30-40 minutes of dryland following each day of ice time*
- 15 Hours of Strength Training (6:30-7:15am) M,W,F
- 26 Off-Ice Hours
- 44 Total Training Hours

#### PeeWees/Squirts

- 10 On-Ice Hours (PW 10:15am, SQ 11:30am) M,W  
*30-40 minutes of dryland following each day of ice time*
- 7 Off-Ice Hours
- 17 Total Training Hours
- **Free STP t-shirt if registered by May 15**

### COACHING STAFF:

- Cambridge-Isanti High School Boys Bluejacket Varsity Coaching Staff, including Varsity Hockey Players

### REGISTRATION & CONTACT:

- Registration & Payment due by **May 15, 2020**
- Submit to:

#### Jarad Ziebarth

2729 319<sup>th</sup> Lane NE  
Cambridge, MN 55008  
Cell Phone: 763-377-2880  
Email: [jziebarth@c-ischools.org](mailto:jziebarth@c-ischools.org)

### SCHEDULE:

Date	Day	Training	Date	Day	Training
06/08/20	Monday	BT - Strength/Ice/Dryland	07/13/20	Monday	BT, PW, SQ
06/09/20	Tuesday	BT - Ice/Dryland	07/14/20	Tuesday	BT
06/10/20	Wednesday	BT - Strength/Ice/Dryland	07/15/20	Wednesday	BT, PW, SQ
06/12/20	Friday	BT - Strength/Yoga/Sprints	07/17/20	Friday	BT
06/15/20	Monday	BT, PW, SQ	07/20/20	Monday	BT, PW, SQ
06/16/20	Tuesday	BT	07/21/20	Tuesday	BT
06/17/20	Wednesday	BT, PW, SQ	07/22/20	Wednesday	BT, PW, SQ
06/19/20	Friday	BT	07/24/20	Friday	BT
06/22/20	Monday	BT, PW, SQ	07/27/20	Monday	BT, PW, SQ
06/23/20	Tuesday	BT	07/28/20	Tuesday	BT
06/24/20	Wednesday	BT, PW, SQ	07/29/20	Wednesday	BT, PW, SQ
06/26/20	Friday	BT	07/31/20	Friday	BT
PRACTICE LOCATION: ISANTI ICE ARENA			Free STP t-shirt if registered by May 15		

## 2020 BLUEJACKET STP REGISTRATION FORM

Registration will be limited, and accepted on a first come first serve basis

### PARENT CONSENT/WAIVER OF LIABILITY:

We, the undersigned participant and parent/guardians, agree that any participation in the Bluejacket Boys Hockey Program at the participants own risk. The Coaches/Players shall not be liable for any damages arising from personal injuries or any personal or property damages that may occur to the participant while involved in any program activities or events.

We reserve the exclusive right to have administered any emergency medical or surgical treatment recommended by a physician licensed to practice medicine in the state of Minnesota. If emergency transportation is deemed necessary, authorization has been granted to summon an ambulance to transport the participant to the hospital or nearest facility based on the conditions pertaining to the incident, and that if ambulance transport or emergency treatment is deemed necessary, the parent/guardian may not be notified until after transport has been initiated. It is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury.

We, the undersigned participant and parents/guardian, hereby acknowledge that we have read the foregoing; have explained its meaning to our player; understand its content, importance, and meaning; and hereby do approve consent to the terms and conditions above. We further represent that we are the parent(s) or legal guardian(s) of the named participant applicant, that the information given on this form is complete and accurate and consent to the participation of the participant in the Bluejacket Boys Hockey Program.

<b>PLAYER NAME:</b>		<b>NEXT YEAR GRADE:</b>	
<b>PLAYER EMAIL:</b>		<b>PHONE:</b>	
<b>1<sup>ST</sup> PARENT NAME:</b>		<b>PHONE 1:</b>	
<b>PARENT EMAIL:</b>		<b>PHONE 2:</b>	
<b>2<sup>ND</sup> PARENT NAME:</b>		<b>PHONE 1:</b>	
<b>PARENT EMAIL:</b>		<b>PHONE 2:</b>	
<b>PARENT SIGNATURE:</b>		<b>DATE:</b>	
<b>T-SHIRT SIZE:</b>	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
<b>SKATER:</b>	<input type="checkbox"/> BANTAM SKATER FEE (\$315)		<input type="checkbox"/> PEEWEE/SQUIRT SKATER FEE (\$175)
<b>GOALIE:</b>	<input type="checkbox"/> BANTAM GOALIE FEE (\$215)		<input type="checkbox"/> PEEWEE/SQUIRT GOALIE FEE (\$75)