

North Wright County Riverhawks

SUMMER HOCKEY DEVELOPMENT 2019

MOOSE ARENA/STMA ARENA

Welcome to the NWC Riverhawks Summer Hockey Development!

The camp will run during the following weeks:

- June 10th, 17th, and 24th
- July 8th, 15th, and 22th.

There will be no camp the week of July 1st

		<u>On-Ice</u>	<u>Off-Ice</u>
Monday			
	HS/U14	8:00-9:00	9:15-10:00
MOOSE	U12/U10	9:15-10:15	8:00-8:45
	MITES	10:30-11:15	11:30-12:15
Wednesday			
	HS/U14	8:00-9:00	9:15-10:00
STMA	U12/U10	9:15-10:15	8:00-8:45
	MITES	10:30-11:15	11:30-12:15
Thursday			
	HS/U14	8:00-9:00	9:15-10:00
MOOSE	U12/U10	9:15-10:15	8:00-8:45

Staff:

Head Coach – Cailyn McCauley
Assistant Coach- Tim Hanson
Assistant Coach – Kaleigh Hamann
And many former Riverhawk players

On-Ice Training:

Skills – Individual hockey skills are the most important aspects of becoming a hockey player. Our program strives develop the complete hockey player. Skating will be strongly emphasized. Other skills such as stick handling, checking, passing, and shooting will also be highlighted. All on-ice training will be based upon USA Hockey’s ADM model.

Off-Ice Training:

Off ice training will include a variety of fitness training such as: shooting stations, stickhandling, slide boards, plyo-metric training, speed, agility, quickness training, dynamic balance, core training, rotary power, reaction skills, and anaerobic training. The mite dryland will consist of fitness games and activities.

Costs: *Includes on-ice & off-ice training, and a Riverhawks sweatshirt.*

Vacation Pricing-Many families have planned vacations. If you are planning on missing a week, you may pay the discount rate. The rate must be applied before camp begins. No discount for goalies.

	6 Week Cost	5 Week Cost
High School/U14	\$350.00 (\$150.00 goalie)	\$300.00
U12/U10	\$350.00 (\$125.00 goalie)	\$300.00
U8/ Mites	\$250.00	\$225.00

First half of payment due by **May 1st**

Second half of payment due by **June 1st**

**Family discount: \$25 discount for additional kids*

Any questions please contact Cailyn McCauley at cailynm@mystma.org
or 507-475-1344 (cell) or Tim Hanson at timh@mystma.org
or 763-226-9892

2019 Summer Development

Name _____ Birth Date _____

Address _____

Home _____ Cell _____ Emergency# _____

Email _____ Grade Next Season: _____

Shirt size - Please circle one- Youth: s m l xl Adult s m l xl
Short size- Please circle one- Youth: s m l xl Adult s m l xl

Session: Select the level you will play in 2019-2020- to guarantee a shirt and shorts. Registration accepted until camp begins.

- | | | | |
|--------------------------|-----------------|----------------------|------------------------------|
| <input type="checkbox"/> | High School/U14 | \$350 (\$150 goalie) | \$300 (1 week vacation rate) |
| <input type="checkbox"/> | U12/U10 | \$350 (\$125 goalie) | \$300 (1 week vacation rate) |
| <input type="checkbox"/> | U/8 Mite | \$250.00 | \$225 (1 week vacation rate) |

Please indicate the week your child is going on vacation if you are choosing the 5 week vacation rate: _____

Waiver:

By signing below I hereby state that I will not hold the *Moose Sherritt Arena/STMA Arena* or the coaching staff of *RiverHawks Summer Hockey Camp* liable for any injuries or illnesses sustained in the *Summer Development Program*. I also realize that the staff of *RiverHawks Summer Hockey Camp* may have to act in a medical emergency concerning my child. I give my permission for them to do so. This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned athlete, for any injury that could arise from participation in USA Hockey activities. USA Hockey provides excess accident coverage with a \$250 deductible with no other "collectable" insurance and \$100 deductible with other "collectable" insurance. If said athlete is covered by any insurance company, please complete the following:

Name of Carrier _____

Policy Number _____

Relationship to athlete _____

Parent/Guardian signature _____ Date _____

Make checks payable to:

Cailyn McCauley- RiverHawks STP
1510 Oak Ridge Cir
Monticello, MN 55362