

Ron Johnson Hockey Skills Camp

July 12th - July 16th

Topics to be covered

1. Shot mechanics and Shot Variation
2. Tactics of scoring
3. Explosive skating and agility
4. Puck protection and deception
5. Deceleration and creation of open ice
6. Stick handling for: shooting, speed, puck protection
7. Offensive tactics and specialization
8. Cognitive: increasing on ice awareness
9. One on ones: utilization of all skills demonstrated and fine tuning read and react situations

Coach Johnson is from British Columbia & a professional skills coach for Dozens of NHL Players; Joe Pavelski, Ryan Kelsner, Travis Zajac, & Adam Burish to name a few!



Group 1: PeeWee/Bantams

SAT - 9:30am-10:30 and 2:00pm-3:00pm

MON- 10:30am-11:15am

TUES-11:00am-12:00pm (off ice)

WED- 10:15am-11:15am

Group 2: High School

SAT - 11:00am-12:00pm and 3:00pm - 4:00pm

MON- 11:30am-12:15pm

TUES 12:30pm-1:30pm(off ice)

WED- 3:00pm-4:00pm

Group 3: Junior/Colleg/Pros

SAT- 12:30pm-1:30pm and 5:00pm-6:00pm

SUN- 10:45am-11:45am

MON- 3:00pm-4:00pm

TUES- 2:00pm-3:00pm(off ice)

WED- 4:00pm-5:30pm

Group One	Group Two	Group Three
2000-2003	1996-2000	Junior/College/Pro
\$200	\$200	\$250

All checks payable to PAN Capital Holdings, LLC
Email keryluk17@gmail.com for more information.

Registration Info **RON JOHNSON HOCKEY SKILLS** Verona-July 2014

Participant Name: _____ Birth Date: _____ / _____ / _____
FIRST LAST MONTH DATE YEAR

Position (check if applicable): FOR./ DEF. GOAL 13-14 Team & Level: _____

Parent/Guardian Name (if under 18): _____
FIRST LAST

Phone: (_____) _____ - _____ Email: _____

All Players must Check-in (Bring Payment & this Registration Form) at least 30 Minute before first session.

Release of Liability/Acknowledgement of Risk:

Upon participating in any Eagle's Nest related activities I understand that participation in the sport of hockey constitutes a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and release the volunteers, sponsors, affiliated parents, organizations, coaches, and the Eagle's Nest Ice Arena from any liability therein.

Medical Treatment Release:

Authorization for necessary medical treatment during absence of parent or legal guardian. I accept that necessary medical care may be administered to the above participant during my absence or in the event that I cannot be reached immediately.

Parent /Guardian/18+ Player: _____
SIGN DATE