

# RICCI HOCKEY SKILLS CAMP

**MARK CIACCIO - SKATING SKILLS COACH**

**NHL - NY RANGERS**

**ANGELO RICCI - STICKHANDLING SKILLS COACH**

**NHL - BUFFALO SABRES**



**AUGUST 12 - 14, 2016**

**VAIL DOBSON ICE ARENA**

**321 EAST LIONSHEAD CIRCLE VAIL, CO**

**COST: \$195.00**

**Friday, August 12**

5:00pm-6:30pm Girls only 10U, 12U, 14U, 16U, 19U - Skating skills

6:45pm-8:15pm 2008, 2007, 2006, 2005 - Skating Skills

8:30pm-10:00pm 2005\*, 2004, 2003, 2002, Midget/HS - Skating skills

\*2005 needs approval for Session 3

**Saturday, August 13**

9:00am-10:30am Girls only 10U, 12U, 14U, 16U, 19U - Puck skills

10:45am-12:15pm 2008, 2007, 2006, 2005 - Puck Skills

12:30pm-2:00pm 2005\*, 2004, 2003, 2002, Midget/HS - Puck skills

\*2005 needs approval for Session 3

**Saturday, August 13**

2:15pm-3:45pm Girls only 10U, 12U, 14U, 16U, 19U - Skating skills

4:00pm-5:30pm 2008, 2007, 2006, 2005 - Skating skills

5:45pm-7:15pm 2005\*, 2004, 2003, 2002, Midget/HS - Skating skills

\*2005 needs approval for Session 3

**Sunday, August 14**

9:00am-10:30am Girls only 10U, 12U, 14U, 16U, 19U - Puck skills

10:45am-12:15pm 2008, 2007, 2006, 2005 - Puck skills

12:30pm-2:00pm 2005\*, 2004, 2003, 2002, Midget/HS - Puck skills

\*2005 needs approval for Session 3

Player's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2015/2016 Team and Level: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Confirmations will be sent by email only\*\***

**\*\*Please bring your own WATER BOTTLE and wear FULL HOCKEY GEAR. Jersey will be provided to each player\*\***

**Non-Refundable, Full Payment of \$195.00 is due with registration**

Choose **Session 1 (Girls)** \_\_\_\_\_ **Session 2 (05-08)** \_\_\_\_\_ **Session 3 (02-05\*, Midget/HS)** \_\_\_\_\_

Choose method of payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC # \_\_\_\_\_ EX \_\_\_\_\_

Cardholder's name \_\_\_\_\_

**Please make all checks payable to:** Ricci Hockey

**Mail Registration to:** 4434 S. Van Gordon Way, Morrison, CO 80465

**Fax Registration to:** (303) 766-1902

**Register online at:** [www.riccihockey.com](http://www.riccihockey.com)

**Indemnification and Waiver of Liability:** By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Ricci Hockey, Stick with the Edge, Angelo Ricci, staff, and Dobson Ice Arena do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:**

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**ANGELO RICCI**

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**303-810-7022**

**WWW.RICCIHOCKEY.COM**