

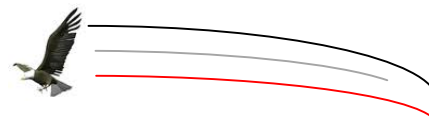
OUR PHILOSOPHY

In this clinic we will provide individualized attention to every player. Our sessions will offer a comprehensive and systematic plan for the development of the participant's technical, tactical, and physical hockey skills. Our goal is to provide each athlete with on-ice practice, off-ice training, and challenging competition, supported by education, motivation, testing measurement and evaluation. We will provide each athlete with the highest quality curriculum and instruction in order to make them a better hockey player.



THE HOCKEY ACADEMY, LLC

Jaime Grossman
2363 Jennifer Lane
Shakopee, Minnesota 55379
Phone (612) 723-1612
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EAGLES YOUTH
HOCKEY CAMP

Eagles 10U & 12U Hockey Camp

Minnesota Youth Hockey
Summer Training Program



EAGLES HOCKEY SUMMER CAMP

Training Sessions

Plyometrics

We will be focusing on developing each player's core body strength. We will teach a variety of off-ice conditioning drills that they can continue to do year-round to help improve stamina, balance, and core strength. These drills will help the participants become stronger more athletic hockey players.

Strength Training

This is the cornerstone of a hockey player's development. We will teach the fundamentals of strength training. We will take in to account each athletes goals in relation to hockey, and develop a training regimen that will meet their individual needs.

Skill Development

The skill portion of our clinic is designed to help each athlete excel at their position. Each player will work through a progression of drills, both on and off ice, designed to improve skills relative to their position. Each player will also participate in a series of skating/conditioning drills specific to their position. All athletes will participate in a series of drills and games that will help increase their hand-eye coordination.

On-Ice Sessions

Our on-ice training sessions will be held at Eden Prairie Community Center. We will have 30 hours of ice during the months of June and July. Ice sessions are typically on Monday, Tuesday, and Thursday evenings beginning June 1st and running through July 27th.

Off-Ice Sessions

The dry land training will be held at the Eden Prairie High School weight room. There will be 40 hours of off-ice training that will be held prior to or following ice sessions. We will on occasion use the shooting facilities at EPCC.

Please see Eagles Hockey Camp Calendar for exact dates/times of all Training Sessions.

PLEASE SIGN AND RETURN ALL FORMS LISTED BELOW ALONG WITH THE CLINIC FEES OF \$440 TO THE HOCKEY ACADEMY BY FRIDAY MAY 19TH, 2017.

- Eagles Hockey Camp Registration form
- Consent to Treat and Medical history form
- The Hockey Academy Waiver Form
- **Early registration discount:** \$400 camp fees for complete registration packets received by April 14th, 2017.

**The Hockey Academy, LLC
2363 Jennifer Lane
Shakopee, MN 55379**

Registration Form

Child's Name

Position & Years of Hockey experience

Emergency Contact

EC Phone Number

Medical Insurance Co.

Group #

Policy #

Physician Name

Physician Phone #

Medical conditions clinic staff/medical emergency services personnel need to be aware of:

Release of Liability

I, the undersigned, hereby hold the Eagles High School Hockey Camp, The Hockey Academy, LLC, and Coaches harmless from liability for any and all medical and/or accident expenses, which my minor child may incur during their involvement in this clinic. I hereby certify that my child is provided coverage via personal health and accident insurance in effect, which is sufficient to cover any and all of the expenses, noted above which might incur.

Parent/Guardian Signature

Printed Parent/Guardian Signature

Consent to Treat



2354 Ponds Way
Shakopee, MN 55379
Phone: (612) 723-1612
Fax: (952) 988-5199
Email: grossman.jaime@gmail.com

This is to certify that on this date, I _____, as parent or guardian of _____ (athlete participant), give my consent to The Hockey Academy and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in The Hockey Academy sanctioned events.

Participant must have medical insurance to participate in The Hockey Academy programs. Please complete the following:

Name of Carrier: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian)

Relationship to Participant: _____

Home Address: _____

Phone: (_____) _____ Date: _____

(over, please)

The HOCKEY

ACADEMY, LLC

MEDICAL HISTORY FORM

Participant

Name: _____ Date: _____
Address: _____ Birthdate: _____
Home Phone: _____ Cell Phone: _____
Email address _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____
Work Phone: _____ Cell Phone: _____
Email address _____
Physician's Name: _____
Daytime Phone: _____ Evening Phone: _____
Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following? Circle One

Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No

Please specify: _____

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other: _____		
Impaired vision	Yes	No
Impaired hearing	Yes	No
Other: _____		

When has the participant's last tetanus booster? _____

Is the participant currently taking any medications (if so please list medication and purpose) _____

Has the doctor placed any restrictions the participant's activity? _____
Explain: _____

The HOCKEY ACADEMY, LLC

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY OF THE HOCKEY ACADEMY, LLC PROGRAMS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ IT. IN CONSIDERATION of my involvement in any THE HOCKEY ACADEMY, LLC program, I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of the sport, equipment, and personal training and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES OF OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless, and promise not to sue the The Hockey Academy, LLC Training Program, or other sponsoring organization, their officers, volunteers, staff, sponsors and/or agents, ('releases') with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the releases or otherwise, except that which is the result of gross negligence or wanton misconduct. I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Participant's Name (Printed) _____

Date _____

Participant's Signature _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releases from any and all Liability incident to my/our minor child's involvement as stated above.

Parent/Legal Guardian Name (Printed) _____

Date _____

Parent/Legal Guardian Signature _____

June 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1 4:45-6:00 EPCC #2	2	3 9:00-10:30 EPHS 10:45-12:00 EPCC #3
4	5 7:15-8:15 EPCC #2	6 5:00-6:30 EPHS	7	8 Last Day of School	9 1:30-3:00 EPHS 3:15-4:30 EPCC #3	10 9:00-10:30 EPHS 10:45-12:00 EPCC #3
11	12 5:00-6:30 EPHS 6:45-8:00 EPCC #3	13 5:00-6:30 EPHS 6:45-8:00 EPCC #2	14	15 5:00-6:30 EPHS 6:45-8:00 EPCC #2	16	17
18	19 5:00-6:30 EPHS 6:45-8:00 EPCC #3	20 5:00-6:30 EPHS 6:45-8:00 EPCC #2	21	22 5:00-6:30 EPHS 6:45-8:00 EPCC #2	23	24
25	26 5:00-6:30 EPHS 6:45-8:00 EPCC #3	27 5:00-6:30 EPHS 6:45-8:00 EPCC #2	28	29 5:00-6:30 EPHS 6:45-8:00 EPCC #2	30	1 MSHSL No Contact

July 2016

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 MSHSL No Contact	3 MSHSL No Contact	4 MSHSL No Contact	5 MSHSL No Contact	6 MSHSL No Contact	7 MSHSL No Contact	8 MSHSL No Contact
9	10 5:00-6:30 EPHS 6:45-8:00 EPCC #3	11 5:00-6:30 EPHS 6:45-8:00 EPCC #2	12	13 5:00-6:30 EPHS 6:45-8:00 EPCC #2	14	15
16	17 5:00-6:30 EPHS 6:45-8:00 EPCC #3	18 5:00-6:30 EPHS 6:45-8:00 EPCC #2	19	20 5:00-6:30 EPHS 6:45-8:00 EPCC #2	21	22
23	24 5:00-6:30 EPHS 6:45-8:00 EPCC #3	25 5:00-6:30 EPHS 6:45-8:00 EPCC #1	26	27 5:00-6:30 EPHS 6:45-8:00 EPCC #1	28	29
30	31	1	2	3	4	5