

# **ANDOVER C/D MITES/U8 SUMMER HOCKEY 2024 PROGRAM**

*The Andover Mites/U8 Summer Program will develop the young player through on ice instruction. This program will focus on edgework, stick skills, having fun, and developing a love for hockey! This program is intended for Boy and Girl C and D Mites and U8 players to keep their development improving during the off season. In addition, players will form relationships with current and former HS players who will be coaching these sessions.*



*I have 2 daughters and a son who are all U8/mites and have seen first hand at the HS level how important it is to give all players at a young age the necessary skill work while having fun in order to have future success as an individual and as a team- let's get this group going!*

**Who:** Andover C, D Mites and U8 players entering the 2024-25 season.

**Where:** Andover Community Center: Sports Complex Arena

**Time:** Wednesdays June 12-August 21\*

530-630pm/10 sessions

\*No Ice July 3

\* July 21 630-730pm

**Cost:** \$325\*

**Payment is due by May 13, 2024. Space is Limited.**

## **Lead Instructors**

*Melissa Volk, Andover Head Coach (2013-current)*

- Additional coaching experience: Upper Midwest Elite League, MN High Performance Camps, Os Hockey Training
- CSCS Strength and Conditioning Coach; ACSM Health Fitness Specialist
- St. Olaf College, BA Exercise Science & Management; St. Cloud State Univ., MS Sport Management
- St. Olaf College Hockey (2005-09)

*Current HS Coaching Staff and Players*

*Current Collegiate Players (Former Huskies)*

Let me know any questions you may have. Thank you!

Melissa Volk

612.810.1089

Ironhockeytraining@gmail.com

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Online registration at: [ironhockeytraining.sportngin.com](https://ironhockeytraining.sportngin.com) (processing fee will occur) or please mail entire form and payment:

Melissa Volk

Contact me at [ironhockeytraining@gmail.com](mailto:ironhockeytraining@gmail.com) or 612.810.1089 for address



## **Player Information**

Player Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Level Played Last Year \_\_\_\_\_ Grade for 2024-25 \_\_\_\_\_

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

Emergency Contact and Phone# \_\_\_\_\_

*Make Checks Payable to: "Iron Hockey Training"* Amount enclosed \_\_\_\_\_

## **Waiver**

I acknowledge and fully understand that each participant, attendee is voluntarily engaging in activities that involve risk of injury (even catastrophic injury) which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used, and that further, that there may be a risk not known to Iron Hockey Training, the Andover Girls High School Team and Andover Summer Training Coaching Staff or Andover Girls High School Booster Club not reasonably foreseeable at this time. I further assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury and acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency. Intending to be legally bound thereby, I hereby release, waive, unconditionally discharge and consent to not sue Melissa Volk, Iron Hockey Training, the Andover Girls High School Summer Training Team and Players, or Andover Girls High School Booster Club organizers, administrators, officers, coaches, and other employees or volunteers of the organization.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_