



# SABER SUMMER GIRLS HOCKEY PROGRAM 2019

On-ice training and hockey-specific dry-land training with Shakopee High School Sabers Head Coach, **Erin Hunt** (Boston College '08), **Ben Blood** (North Dakota '12, SM-Liiga: Tappara) and the **high school coaching staff**.

## SCHEDULE

**Tuesday, June 11- Tuesday, July 30, 2019**

*(MSHSL Blackout Dates- Saturday, June 29- Friday, July 5)*

**@ SHAKOPEE ICE ARENA**

**Tuesday/ Thursday**

	<b>10U/12U</b>	<b>15U/HS</b>	<b>15U/HS (if needed)</b>
<b>On ice</b>	<b>8-9:15am</b>	<b>9:30-10:45am</b>	<b>11-12:15pm</b>
<b>Dryland</b>	<b>9:30-10:30am</b>	<b>11-12pm</b>	<b>9:30-10:30am</b>

### **On and Off Ice Training Goals:**

- ✓ Build strength, endurance, and speed through agility, core, and balance training.
- ✓ Develop essential puck handling skills including passing, receiving, and shooting.
- ✓ Improve positional play and puck protection through competitive small area games.

Cost: \$425.00 per player

\*Price includes 16.25 hours of on-ice instruction, 13 hours of dry-land instruction, and jersey.

\*Sessions will include no more than 30-35 athletes.

\*Player groupings are subject to change according to registration numbers.

Please make checks payable to "Erin Hunt"  
Return the registration with your payment by May 1st to:

Coach Erin Hunt  
1056 Oak Circle

Shakopee, MN 55379

Questions? 763-242-1053 or [imerinhunt@gmail.com](mailto:imerinhunt@gmail.com)

*Saber Summer Program Player Registration*

Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Player Information (Circle level playing at next season): 10U      12U      15U      HS

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_@\_\_\_\_\_

Emergency Contact Name/ Phone Number:  
\_\_\_\_\_

Jersey Size: \_\_\_\_\_ Youth or Adult (Circle One)

**RELEASE AND INDEMNITY for Saber Summer Girls' Hockey Program**

**READ CAREFULLY BEFORE SIGNING**

In consideration of my, or my minor child's, participation in the Saber Summer Girls' Hockey Program, I agree to assume all risks incidental to my, or my child or ward's, participation (which risks may include, among other things, falls, contact with other ice skaters, muscle or joint injuries, broken bones or other serious personal injury) and on my own, and on my child or ward's behalf, and on behalf of my or my child or ward's heirs, executors, administrators and representatives, I hereby release and forever discharge the Released Parties (defined below) from any and all liabilities, claims, causes of actions, damages, costs or expenses, including but not limited to attorney's fees and disbursements, (collectively, "Losses") of any nature arising out of or in any way connected to my or my child or ward's participation in the Saber Summer Girls' Hockey Program, and further agree to indemnify and hold each of the Released Parties harmless against any and all such Losses.

The "Released Parties" are defined as the Shakopee Public Schools, the Saber Summer Girls' Hockey Program, including, jointly and severally, its owner, Erin Hunt, its coaches, as well as all other Saber Summer Girls' Hockey Program participants, volunteers or sponsors, including the heirs, representatives, executors, assigns or successors of each of them.

I understand that this Release and Indemnity Agreement includes claims and Losses based on the negligence, action or inaction of any of the Released Parties and covers property damage, bodily injury (including death), whether suffered by me, my child or ward, before, during or after participation in the Saber Summer Girls' Hockey Program.

I declare that I know that playing ice hockey is a potentially hazardous activity, and that I, or my child and ward, are physically fit and have the skill level to participate in the Saber Summer Girls' Hockey Program. I further authorize medical treatment for me, or my child or ward, at my cost, if the need arises.

I acknowledge that have read and understand the foregoing contents and that I freely execute this Release and Indemnity as my voluntary act.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Name (Please Print)

Signature Required (Parent or Guardian)