

Participants Name: (Please Print)

Release and Waiver of Liability

I hereby give my approval for the above named applicant to participate in the Challenge Hockey Weekly Clinic Program. I understand that there are many risks inherent in, and incidental to ice skating and participation in ice hockey, and I am willing to participate (or to permit the applicant to participate, if different from the undersigned to participate) in the Challenge Hockey Weekly Clinic Program. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify, and hold harmless: Bridgewater Sports Arena & DJD Amusements LLC, their partners, members, officers, employees, and staff of any claim arising out of any injury to me (or the applicant, if different from the undersigned). In the event that I (or applicant, if different from the undersigned) am injured and am not able to act for myself, I hereby authorize and request: the partners, members, officers, employees or staff of the Participating Rinks to act on my behalf to secure appropriate medical treatment. I understand that from time to time pictures may be taken in which I (or participant) may appear. I authorize DJD Amusements LLC DBA Bridgewater Sports Arena to use said pictures in public displays and/or advertising.

Parent/Guardian Signature:

Date: _____

Bridgewater Sports Arena
1425 Frontier Road
Bridgewater, NJ 08807
www.BSAArena.com

BRIDGEWATER SPORTS ARENA
Presents

2010



Weekly Clinic

**For All Experienced
Hockey Players
Mite, Squirt, PeeWee, Bantam**

**THURSDAY'S IN MAY
5:40PM—6:40PM
FEATURING POWER SKATING
AND STICKHANDLING**

**Tel: 732 627 0006 Ext 124
Fax: 732 627 0973
Email: hockey@BSAarena.com**

CHALLENGE HOCKEY

Weekly Clinic

Clinic Dates:

Thursday's

May - 6th, 13th, 20th, 27th

At 5:40pm

Camp Price:

\$30.00 per week

OR

All four weeks for \$100!

Camp Includes:

- 1 hour of hard working ice time
- Station training for quick transitions
- Focus on individual skill development
- Small groups for added personal attention
- Cost much less than private lessons
 - Flexible walk on scheduling

Lunch:

Campers may bring their own lunch or lunch can be provided by BSA for a \$7.00 a day charge.

A lunch menu for each week will be mailed out with your confirmation letter. At that time you will be able to sign up for the BSA lunch program.

Clinic will focus on the following:

Stickhandling

Learn proper Stickhandling techniques & moves.
Develop quicker and softer hands.
Improved footwork to add greater flow to moves.

Powerskating

Correct body positioning, edge control, long strides and agility drills to improve the players balance, strength and speed.
Explosive drills, resistance drills and conditioning drills all utilized to suit every players needs.

Bob Mitchell

Bob has been coaching at high levels for the past 17 yeas with the Rockets, Colonials and Bears organizations. He has been a Powerskating Instructor with BSA, the Rockets and with Total Stickhandling for the past several years. Bob is head of player development for the Bears Youth Hockey Organization.

Sean Cromarty

Sean is a former Division I NCAA player for Colorado College and ECHL player for the Wheeling Nailers (Pittsburgh Penguins affiliate). Sean currently coaches with the Bridgewater Bears as a skills coach and off-ice trainer. He is also coaching the Mid-Jersey Selects and operates as a fitness and strength trainer.

Brian Hennelly

Brian is the Hockey Director at Bridgewater Sports Arena and is a coach for all of BSA's youth camps, clinics and teams. He has been coaching youth hockey at various rinks since 2003-04 season and is coaching the Mid-Jersey Selects this spring.

Chris Major

Chris is a former Junior 'A' player for the NJ Rockets. He began coaching youth hockey in 2004 and has since coached at all levels from 'B' to 'AA' and even up to Juniors. Chris currently does several hours a week on ice with private lessons and advanced skills training.

****At least 2 coaches present per session****

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Birth Date: _____

Home Phone: _____

Email: _____

Team 10/11 Season: _____

Level 09/10 Season: _____
(Recreation, B, A, AA, AAA)

Position: Forward Defense

Method of Payment:

- Cash Check (Payable to BSA)
 Visa MasterCard Am/Ex Discover

Credit Card Number _____ Exp. Date _____

Signature of Card Holder

Form only needs to be filled out first session attended.