



Varsity Hockey

Summer 2011 High School Hockey Conditioning Program

The Grand Ledge/ Waverly Ice Hockey Association (GLWIHA) is pleased to offer a great opportunity to select prospective Grand Ledge and Waverly as well as other area high school hockey players grades 9-12 who want to keep in shape during the summer months. The summer conditioning program runs for 6 weeks and includes on ice and off ice training sessions. The sessions will be run by GLWIHA Head Coach Brian Clifford. Conditioning skates will include flow drills, individual skill development, and scrimmages. Off ice sessions will target player agility and endurance training.

Details for the clinic are as follows:

On Ice

When:	Monday June 20, 2011	6:00 pm-7:00 pm
	Monday June 27, 2011	6:00 pm-7:00 pm
	Monday July 18, 2011	6:00 pm-7:00 pm
	Tuesday July 26, 2011	7:00 pm-8:00 pm
	Monday August 1, 2011	6:00 pm-7:00 pm

Where: The Summit – NHL Rink

Off Ice

When: Immediately following practice 7:00pm-8:00pm

Where: Behind the Summit

Cost: \$150.00 per skater (\$30 per week includes both on and off ice sessions.)

\$125.00 if paid in full by June 20, 2011.

To register: Please contact Kendal Deatsman at 712-0489. Once registered payments for the six session rates should be made payable to: **GLWIHA** and sent to: Anne Marie Epstein, Treasurer.

GLWIHA
P.O. Box 80301
Lansing, MI 48908

Pay prior to the first session.

“Assumption of Risk” statements (Attached) must also be completed prior to the first training session.

Grand Ledge/Waverly Ice Hockey Association Assumption of Risk Statement

I understand that participation in the Grand Ledge/Waverly Ice Hockey Association's Summer Conditioning Program (including conditioning skates, scrimmages, and dry-land workouts and endurance runs during the period from June 21 until August 2, 2011) constitutes a risk of serious injury or death. I accept and assume this risk and release Coaches Brian Clifford, his assistants, Grand Ledge High School, Waverly High School, the Grand Ledge Waverly Ice Hockey Association, the Summit and its instructors and event organizers from any liability or responsibility for any injury or death occurring as a result of, or in relation to training or activities associated with the Summer Conditioning Program.

In the event of injury or medical need, I hereby grant permission to Coach Clifford, the Grand Ledge/Waverly Ice Hockey Association, the Summit and its instructors or arena staff to seek medical attention for the player whose name is listed below.

Player/Parent Signature: _____ Date: _____
(If participant is under age 18, parent or guardian is required.)

Player's Name: (please print) _____
Address: _____ Phone # _____
Email: _____ Shoots right or left: _____
Previous Team played for: _____

(Please note any allergies or medical conditions player may have and emergency contact information on the bottom of this form; including phone numbers where emergency contacts may be reached during these training times.)

Emergency/Medical Information:

Comet-Warrior Varsity Hockey