

BUKAC HOCKEY

DAY CAMP 2008



June 23 – June 27, 2008

The #1 hockey school in the Czech Republic will be at the RI Sports Center for one week to conduct this camp.

Ludek Bukac, Jr. will be here in person to run this exciting camp. Come experience and learn new hockey concepts developed by his father, the world renowned former Czech Olympic coach.
www.bukachockey.com

Session I (mite & squirt): 8:00 - 3:00pm

Session II (peewee & older): 10:30 - 4:30pm

REGISTER AT
www.risportscenter.com

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This camp will focus on VGT (Variable Goals Training) development. This is a new teaching concept focusing on individual puckhandling excellence. This will simulate game-like conditions and create a competitive challenge. It will consist of both on and off ice training.
www.bukachockey.com

Session I (mite & squirt): 8:00 - 3:00pm
Session II (peewee & older): 10:30 - 4:30pm

Each group will have two on-ice and two dryland training sessions daily.

Please plan to bring a lunch to camp.

ENROLLMENT WILL BE LIMITED.

REGISTER AT
www.risportscenter.com

APPLICATION

Name _____

Address _____

City/Town _____

State _____ Zip Code _____

Home # _____

Work # _____

Emergency # _____

Birth Date _____ Position _____

Height _____ Weight _____

Mother's Name _____

Father's Name _____

Session (check one)

I (Mite/Squirt) _____ II (Peewee & Older) _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK:

In conjunction with my son or daughter's participation in events sponsored by the Rhode Island Hockey Development ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

Parent/Guardian Signature:

_____ Date _____

Total Cost: \$350.00 (non-refundable deposit of \$150 due with Application, balance of \$250 due by June 1, 2008)

Make Checks Payable To:

RI Hockey Development
(RI Hockey Development will be coordinating the registrations for this camp on behalf of Bukac Hockey.)

Mail To:

P.O. Box 7725
Cumberland, RI 02864