

# PRE-SEASON CAMP

## POWER SKATING/CONDITIONING

**Aug. 25 – Aug. 27, 2008**

**“POWER HOUR”** This 3-day camp will emphasize both proper skating technique and stride and getting players into game shape for the start of the upcoming fall/winter season. The high-tempo conditioning portion will be achieved through various techniques, including Variable Goal Training (VGT), the new and innovative skill concepts used in the Czech Republic by world-renowned coach Ludek Bukac.

**LOCATION:** Held at RI Sports Center—(Rte. 146) No. Smithfield, RI

**INFO:**

- Session 1: 5:00 – 6:10pm Mite and Squirt levels
- Session 2: 6:20 – 7:30pm Peewee through High School levels

**COST:** \$99.00 (Payment in full is due with application.) Space will be limited and enrollment will be based upon first come, first served if available.

**Please make checks payable to:** RI Hockey Development

**Mail to:** RI Hockey Development P.O. Box 7725 Cumberland, RI 02864

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Player's Position: \_\_\_\_\_

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**Release of Liability/Acknowledgment 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

For additional information, please visit [www.risportscenter.com](http://www.risportscenter.com) or call (401) 762-1588 x14.