

# TEAM RI-DAY CAMP

**Aug. 4 – Aug. 8, 2008**

This week-long camp will be a half-day and includes 80 minutes of on-ice training and 60 minutes of professional off-ice training with NorthEast Sports Training each day.

- This camp will host a different coach each day for the on-ice portion. Last year the guest coaches included Paul Vincent, Steve Cedorchuck, Mike Gaffney and Bob Jackson from LaSalle High, Dan Fawcett with VGT training/Czech drills. The coaches for this year will be confirmed shortly. Check our website at [www.risportscenter.com](http://www.risportscenter.com) for updates.

Space is reserved for players who made Team RI and participated in the NE County Cup Tournament. All other players who are interested in participating can mail in this registration form with payment and acceptance will be based upon availability.

<u>Session 1</u>	<u>Session 2</u>
Birth years '01, '00, '99, '98	Birth years '97, '96, '95, '94, '93
• 9:00 – 10:20am On-ice	• 9:00 – 10:00am Dryland training
• 10:40 – 11:40am Dryland training	• 10:30 – 11:50am On-ice

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

**COST:** \$225.00 (Payment in full is due with application.) Discounted price of \$125.00 for players on Team RI. 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.